

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 18, 2008  
Secretary of State**

DOCUMENT# N06000002315

Entity Name: IGLESIA DE CRISTO LLAMADOS A CONQUISTAR, INC.

**Current Principal Place of Business:**

1644 NW 17 AVENUE  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

1644 NW 17 AVENUE  
MIAMI, FL 33125

**New Mailing Address:**

FEI Number: 20-4412336      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTINEZ, HUGO L  
1791 SW 16 TERR  
MIAMI, FL 33145      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: MARTINEZ, HUGO L  
Address: 1644 NW 17 AVENUE  
City-St-Zip: MIAMI, FL 33125

Title: DV      ( ) Delete  
Name: MELENDEZ, EMILIA  
Address: 1644 NW 17 AVENUE  
City-St-Zip: MIAMI, FL 33125

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUGO L. MARTINEZ

DP

03/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date