2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008772

City-St-Zip:

TAMPA, FL 33626

FILED Mar 20, 2009 Secretary of State

Entity Nar	me: IGLESIA F	PUERTA DEL CIELO, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
	AMFIELD DRIV W, FL 33569	E				
Current Mailing Address:			New Maili	New Mailing Address:		
	AMFIELD DRIV W, FL 33569	E				
FEI Number:	20-5407975	FEI Number Applied For()	FEI Number Not Appl	icable () Certificate of Status Des	sired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agen	t:	
	IIS J AMFIELD DRIV W, FL 33569	E US				
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered office or registered age	nt, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	ent	Date		
OFFICERS	S AND DIREC	rors:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () ORTIZ, LUIS J 12402 BRAMFII RIVERVIEW, FI		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	DIR () ORTIZ, SORAY, 12402 BRAMFII RIVERVIEW, FL	ELD DRIVE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition ORTIZ, SORAYA 12402 BRAMFIELD DRIVE RIVERVIEW, FL 33569		
Title: Name: Address: City-St-Zip:	VP () CRUZ, VICTOR 6405 FIVE ACR PLANT CITY, FI		Title: Name: Address: City-St-Zip:	DIR (X) Change () Addition TIMME, LLOYD 1823 ERIN BROOK DR VALRICO, FL 33594		
Title: Name: Address:	DIR () PEREZ, LUIS 14620 BOURNE	Delete MOUTH RD	Title: Name: Address:	DIR (X) Change () Addition IBARRA, JOSE 12749 EVINGTON POINT DR		

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.

City-St-Zip:

RIVERVIEW, FL 33579

SIGNATURE: LUIS ORTIZ PD 03/20/2009