## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000009014

FILED Mar 20, 2009 Secretary of State

Entity Name: COMUNIDADE EVANGELICA INTERNACIONAL DA ZONA SUL - FLORIDA INC

Current Principal Place of Business:			New Principal Place of Business:		
8955 WILE BLDG 1 # 2 CORAL SP		33067			
Current Mailing Address:			New Mailing Address:		
8955 WILE BLDG 1 # 2 CORAL SP		33067			
FEI Number:	20-5439874	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
446 W HILI	PITAL SERVIO LSBORO BLA D BEACH, FI				
The above in the State	named entity of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DAVILA, JOSE 8955 WILES F	) Delete E MARCIO JR RD BLDG 1 # 208 NGS, FL 33067	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PEIXOTO, MA 8955 WILES F	) Delete RCO ANTONIO R RD BLDG 1 # 208 NGS, FL 33067	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PEIXOTO, JU 8955 WILES F	) Delete CARA V RD BLDG 1 # 208 NGS, FL 33067	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DAVILA, KELL 8955 WILES F	) Delete Y F RD BLDG 1 # 208 NGS, FL 33067	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: JOSE MARCIO DAVILA JR PD 03/20/2009