



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90037 027 ****80.00

DOCUMENT # N07000000257 1. Entity Name IGREJA VIDA ABUNDANTE INC					
Principal Place of Business 3311 N ANDREWS AVE POMPANO BEACH, FL 33064				Mailing Address 4465 S CARAMBOLA CIRCLE 2603 COCONUT CREEK, FL 33066	
2. Principal Place of Business - No P.O. Box # 307 SE 15 Street Suite, Apt. #, etc.		3. Mailing Address 4465 S. Carambola Cr # 2603 Suite, Apt. #, etc.			
City & State Deersfield Beach - FL		City & State Coconut Creek - FL		4. FEI Number 20-8213145	
Zip 33441		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CSG - CAPITAL SERVICES GROUP INC 446 W HILLSBORO BLVD DEERFIELD BEACH, FL 33441				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PATENTE, CARLOS A 4465 S CARAMBOLA CIRCLE # 2603 COCONUT CREEK, FL 33066 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SILVA, MARIO S 4724 NW 57TH PLACE COCONUT CREEK, FL 33073 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP QUINTINO, LUCIANO CARLOS 3605 NW 35th Street COCONUT CREEK - FL - 33066 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SOUZA, MARIA C 5430 LYONS RD #107 COCONUT CREEK, FL 33073 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LAHUD, FATIMA 680 NW 39th AVE #189 COCONUT CREEK - FL - 33073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LAHUD, FATIMA CATARIN L 1304 NW 9TH AVE #13 BLDG 2 APT 1A POMPANO BEACH, FL 33064 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FILHO, NELSON R 5800 LAKESIDE DR UNIT 1104 MARGATE, FL 33063 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			03/05/2008 (954) 972-5357		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		