

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jul 17, 2008 8:00 am
Secretary of State

05-28-2008 90012 008 ****70.00

DOCUMENT # N07000005868			
1. Entity Name IGLESIA EL REINO DE LOS CIELOS, INC.			
Principal Place of Business 23NW 1ST STREET DANIA BEACH FL 33004		Mailing Address PO BOX 1718 DANIA BEACH FL 33004	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FFI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ESQUILIN, MARIO F 4900 ADAMS STREET HOLLYWOOD FL 33021		Name Street Address (P.O. Box Number is Not Accessible) 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 _____ Signature, typed or printed name of the filer or person authorized to sign on behalf of the filer.			
FILE NOW: FEE IS \$81.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	D ESQUILIN, MARIO F 23NW 1ST STREET DANIA BEACH FL 33004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Esquilin Mario F 222 N.W. FEDERAL HWY DANIA BEACH FL 33004 DANIA BEACH FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALINAS, ANA S 23NW 1ST STREET DANIA BEACH FL 33004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Salinas Ana S 222 N.W. FEDERAL HWY DANIA BEACH FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COLON, IRIVA M 23NW 1ST STREET DANIA BEACH FL 33004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COLON, IRIVA M 222 N.W. FEDERAL HWY DANIA BEACH FL 33004
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Section 110, 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: Mario F. Esquilin President		4/5/08 (954-600-1932)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	