

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005868

FILED
May 20, 2009
Secretary of State

Entity Name: IGLESIA EL REINO DE LOS CIELOS, INC.

Current Principal Place of Business:

23NW 1ST STREET
DANIA BEACH, FL 33004

New Principal Place of Business:

Current Mailing Address:

PO BOX 1718
DANIA BEACH, FL 33004

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ESQUILIN, MARIO F
4900 ADAMS STREET
HOLLYWOOD, FL 33021 US

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: D () Delete
Name: ESQUILIN, MARIO F
Address: 222 N.E. FEDERAL HWY
City-St-Zip: DANIA BEACH, FL 33004

Title: D () Delete
Name: SALINAS, ANA S
Address: 222 N.W. FEDERAL HWY
City-St-Zip: DANIA BEACH, FL 33004

Title: ST () Delete
Name: COLON, IRVIA M
Address: 222 N.W. FEDERAL HWY
City-St-Zip: DANIA BEACH, FL 33004

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TR () Change (X) Addition
Name: PENA, LUISKING Y
Address: 12319 NW 26TH CT
City-St-Zip: CORAL SPRINGS, FL 3306

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: MARIO ESQUILIN

D

05/20/2009

Electronic Signature of Signing Officer or Director

Date