## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000012215

Entity Name: ARMADURA DE DIOS, INC.

FILED Apr 13, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1035 CHOKECHERRY DRIVE WINTER SPRINGS, FL 32708 **Current Mailing Address: New Mailing Address:** 1035 CHOKECHERRY DRIVE WINTER SPRINGS, FL 32708 FEI Number: 11-3834876 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARROYO, PATRIA 1035 CHÓKECHERRY DRIVE WINTER SPRINGS, FL 32708 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete () Change () Addition ARROYO, PATRIA Name: Name: 1035 CHOKECHERRY DRIVE Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: Title: () Delete Title: () Change () Addition Name: SUAREZ, FERNANDO Name: Address: URB LA RAMBA, 911 ZARAGOZA STREET Address: City-St-Zip: PONCE, PR, 007304022 City-St-Zip: Title: () Delete Title: () Change () Addition RIVERA, LILIANA Name: Name: 1395 SAN LUIS COURT Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: Title: () Delete Title: () Change () Addition IRIZARRY, LESLIE Name: Name: 1829 BLAINE TERRACE Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: Title: () Delete Title: () Change () Addition SANCHEZ, JOSE A Name: Name: 1903 ISLAND CIRCLE APT 103 Address: Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: Title: ( ) Delete Title: () Change () Addition RODRIGUEZ, ANA E Name: Name: Address: PO BOX 225 Address: JUANA DIAZ. PR, 00795 City-St-Zip: City-St-Zip:

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: PATRIA ARROYO DP 04/13/2008