## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000011062

City-St-Zip:

PINELLAS PARK, FL 33781

FILED Jun 26, 2009 Secretary of State

Entity Name: IGLESIA EL TALLER DEL CARPINTERO, INC **Current Principal Place of Business: New Principal Place of Business:** 535 25 AVENUE SOUTH SAINT PETERSBURG, FL 33705 **Current Mailing Address: New Mailing Address:** 535 25 AVENUE SOUTH SAINT PETERSBURG, FL 33705 FEI Number: 61-1581485 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) 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: CASTRILLON, JAIME CASTRILLON, JAIME 4355 84TH AVENUE NORTH 600 49 ST. N PINELLAS PARK, FL 33781 ST. PETERSBURG, FL 33710 US 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: JAIME CASTRILLON 06/26/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HELION, CRUZ W Name: Name: Address: 535 25 AVENUE SOUTH Address: City-St-Zip: SAINT PETERSBURG, FL 33705 City-St-Zip: Title: Title: ( ) Delete () Change () Addition GARCIA-FILOMENO, ROSA N Name: Name: Address: 535 25 AVENUE SOUTH Address: City-St-Zip: SAINT PETERSBURG, FL 33705 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition CASTRILLON, JAIME Name: CASTRILLON, JAIME Name: 4355 84TH AVENUE NORTH Address: Address: 600 49 ST. N

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.

City-St-Zip:

ST. PETERSBURG, FL 33710

SIGNATURE: HELION W. CRUZ-GONZALEZ P 06/26/2009