

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2006  
Secretary of State**

DOCUMENT# N15847

**Entity Name:** IGLESIA CRISTO ROMPE LAS CADENAS DEL EVANGELIO COMPLETO, INC.

**Current Principal Place of Business:**

3899 N.W. 7TH STREET  
SUITE 216  
MIAMI, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

3899 N.W. 7TH STREET  
SUITE 216  
MIAMI, FL 33126 US

**New Mailing Address:**

**FEI Number:** 59-2693858      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ABDO, GEORGE B.  
3899 N.W. 7TH ST STE 216  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

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: PD ( ) Delete  
Name: ABDO, GEORGI B  
Address: 410 S.W. 136TH PLACE  
City-St-Zip: MIAMI, FL 33114

Title: VPD ( ) Delete  
Name: CALVEIRO, JULIO  
Address: 5020 N.W. 188TH TERRACE  
City-St-Zip: MIAMI, FL

Title: VSD ( ) Delete  
Name: CASTELLON, RODOLFO  
Address: 235 E. 7TH STREET  
City-St-Zip: HIALEAH, FL 33012

Title: STD ( ) Delete  
Name: PONS, GLADIS  
Address: 225 N.W. 32ND COURT  
City-St-Zip: MIAMI, FL 33125

Title: VTD ( ) Delete  
Name: OTERO, OBED  
Address: 10017 EASTERN LAKE AVE. #104  
City-St-Zip: ORLANDO, FL 32817

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GEORGI B. ABDO

PD

04/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date