

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2007
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: P () 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: 8129 GOLDEN CHICKASAW CIRCLE
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: ARISTIZABAL, SARAI A
Address: 15513 SW 32 TERR.
City-St-Zip: MIAMI, FL 33185

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
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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 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: OBED OTERO

Electronic Signature of Signing Officer or Director

VTD

04/24/2007

Date