

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15847

FILED
Mar 18, 2009
Secretary of State

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

Current Principal Place of Business:

12357 SW 132 CT.
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

12357 SW 132 CT.
MIAMI, FL 33186 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, GEORGI B
12357 SW 132 CT.
MIAMI, FL 33186 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: D () Delete
Name: CALVEIRO, JOADAN
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: TD () Delete
Name: PONS, GLADIS
Address: 225 N.W. 32ND COURT
City-St-Zip: MIAMI, FL 33125

Title: VTD () Delete
Name: OTERO, OBED
Address: 7917 POWDERHORN LN.
City-St-Zip: ORLANDO, FL 32825

Title: SD () 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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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 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

03/18/2009

_____ Date