

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 19, 2007  
Secretary of State**

DOCUMENT# N19302

Entity Name: IGLESIA PENTECOSTAL PALABRA ETERNA INC.

**Current Principal Place of Business:**

10021 S.W. 41 ST  
MIAMI, FL 33165 US

**New Principal Place of Business:**

**Current Mailing Address:**

10021 SW 41 ST  
MIAMI, FL 33165 US

**New Mailing Address:**

FEI Number: 59-2662786      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

RAMIREZ, ISRAEL  
10021 SW 41 ST  
MIAMI, FL 33165 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: DP ( ) Delete  
Name: RAMIREZ, XIOMARA  
Address: 10021 SW 41ST STREET  
City-St-Zip: MIAMI, FL 33165

Title: DT ( ) Delete  
Name: RAMIREZ, ISRAEL  
Address: 667 NW 131 AVE  
City-St-Zip: MIAMI, FL 33182

Title: D ( ) Delete  
Name: RAMIREZ, JULIO  
Address: 10021 SW 41 ST  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: RAMIREZ, ABEL  
Address: 3500 SW 130 AVE  
City-St-Zip: MIAMI, FL 33175

**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:

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: XIOMARA RAMIREZ

DP

01/19/2007

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

\_\_\_\_\_  
Date