2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 14, 2005 08:00 AM DOCUMENT # N32220 **Secretary of State** 1. Entity Name IGLESIA DE DIOS "PUERTA DE SALVACION", INC. Mailing Address Principal Place of Business 1255 NE 178 ST. MIAMI FL 33162 11440 NW 7TH AVENUE MIAMI FL 33168 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #. etc. 1st MOORE CR2E037 (10/04) City & State 4. FEI Number Applied For City & State 65-0122123 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIVERA, VICTOR M. Street Address (P.O. Box Number is Not Acceptable) 3371 SW 175 AV MIRAMAR FL 33029 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution Added to Fees Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE Delete HHE RIVERA, ABRAHAM M NAME NAME 1255 NE 178 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33162 CITY-ST-ZIP CITY-ST-ZIP UODOOD2901ii TITLE 02/15/05-80029-002**\0**990 Addition TITLE ☐ Delete RIVERA, VICTOR M MAME NAME 19015 SW 25 COURT STREFT ADDRESS STREET ADDRESS MIRAMAR FL 33029 CITY ST-ZIP CITY-ST-ZIP ☐ Addition ппе ☐ Change TITLE Delete PEREZ, NEFTALI NAME NAME 7231 NW 174 TERRACE, #201 STREET ADDRESS STREET ADDRESS MIAMI FL 33015 CITY-ST-7IP CITY - ST - ZIP Addition ☐ Delete TITLE Change TITLE SERAFIN, RICARDO NAME NAME 1600 NE 135 STREET, #310 STREET ADDRESS STREET ADDRESS MIAMI FL 33181 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TARE CORTES, CARMEN NAME NAME 2631 NW 13 AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33142 CITY-ST-7IP CHY-SI-ZIP TITLE ☐ Change TITLE ☐ Defele ☐ Addition TALAVERA, GERMAN NAME NAME 1640 NE 169 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33162 CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation or the receiper or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

ABRAHAM RWERA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Claytime Phone #