2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State
01-23-2003 90111 028 ****70.00

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DOCUMENT # N32220

1. Entity Name

IGLESIA DE DIOS "PUERTA DE SALVACION", INC.

Principal Place of Business	Mailing Address
11440 NW 7TH AVENUE MIAMI FL 33168 US	3371 SW 175TH AVE MIRAMAR FL 33029

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	1255 N.E. 178 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: N. Miami Beach, Florida
Zip / Country	Zip: 33162 / Country

4. FEI Number 65-0122123 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIVERA, VICTOR M. 3371 SW 175 AV MIRAMAR FL 33029	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RIVERA, VICTOR M. 3371 SW 175 AVE MIRAMAR FL 33029	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rivera, Victor M. Director 3371 S.W. 175 Ave. Miramar, Fl. 33029	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RIVERA, ABRAHAN M 1255 NE 178 ST N MIAMI BEACH FL	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D. Rivera, Abraham M. 1255 N.E. 178 St. N. Miami Beach, Fl 33162	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LAINEZ, JULIO 1170 NW 14 TR MIAMI FL 33169	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LUCY RODRIGUEZ 15007 N.W. 6 AVE., APT. 117 N. MIAMI FL	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARLOS GIL 2240 N.E. 172 ST. N. MIAMI BCH FL	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Carlos Gil 2240 N.E. 172 St. N. Miami, Beach, Fl.. 33162	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Arce, Victor Director 2371 N.W. 119 St. Apt.105 Miami, Fl. 33167	[ ] Change [X] Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: V.M. Rivera REQUIRED Victor M. Rivera, Director Feb January 20, 2003

EXECUTIVE OFFICER'S OR DIRECTOR'S SIGNATURE REQUIRED