

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 29, 2007
Secretary of State

DOCUMENT# N32369

Entity Name: IGLESIA CASA DE ADORACION, INC.**Current Principal Place of Business:**25201 SW 137 AVE
PRINCETON, FL 33032 US**New Principal Place of Business:****Current Mailing Address:**C/O MANUEL CRUZ
19655 SW 87TH PL
MIAMI, FL 33157 US**New Mailing Address:****FEI Number:** 65-0127569 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CRUZ, MANUEL
19655 SW 87TH PLACE
MIAMI, FL 33157 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:** PD () Delete
Name: CRUZ, MANUEL,
Address: 19655 SW 87TH PL
City-St-Zip: MIAMI, FL**Title:** STD () Delete
Name: ORONA, RAFAEL,
Address: 9761 SW 211 ST.
City-St-Zip: MIAMI, FL**Title:** S () Delete
Name: MABEL RUIZ,
Address: 20424 SW 85 AVE
City-St-Zip: MIAMI, FL**Title:** AVP () Delete
Name: SUZETTE, LOPEZ M
Address: 14536 SW 161 PLACE
City-St-Zip: MIAMI, FL**Title:** VD () Delete
Name: CRUZ, MICHELLE M
Address: 9760 SW 211TH ST.
City-St-Zip: MIAMI, FL 33189**Title:** () Delete
Name:
Address:
City-St-Zip:**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:**Title:** AVP (X) Change () Addition
Name: CRUZ, MICHELLE M
Address: 9760 SW 211TH ST.
City-St-Zip: MIAMI, FL 33189**Title:** VD () Change (X) Addition
Name: CRUZ, MARIA E
Address: 19655 SW 87 PL.
City-St-Zip: MIAMI, FL 33157

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: MANUEL CRUZ

PD

08/29/2007

Electronic Signature of Signing Officer or Director

Date