2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # N32739 1. Entity Name 03-01-2007 90016 013 ****61.25 IGLESIA SEMILLAS DE FE, INC. Principal Place of Business Mailing Address 6321 SW 22 STREET 6321 SW 22 STREET MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 65-0131890 Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMARO, ESTHER L. Street Address (P.O. Box Number is Not Acceptable) 6321 SW 22 STREET **MIAMI FL 33155** 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 harne of registered agent and title if applicable (NOT) Registered Agent signature required when rehistating) DAN . FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. HTU Delete mu ☐ Change Addition NAME AMARO, NIEVES ARMANDO NAM STREET ADDRESS 6321 SW 22ND STREET STRUCT ADDRESS CITY ST-ZIP MIAMI FL 33155 CITY ST ZIP TITLE ۷D Delete HILL Change ■ Addition NAME AMARO, ESTHER L. NAMI STREET ADDRESS 6321 SW 22ND STREET STREET ADDRESS CITY - ST- ZIP MIAMI FL 33155 CITY ST /IP HIII VTD ☐ Defete ☐ Change Addition NAME AMARO, SELMA ESTHER NAME STREET ADDRESS STREET ADORESS **6321 SW 22ND STREET** CITY ST-7IP CITY ST /IP MIAMI FL 33155 Delete HILE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP CITY ST ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY ST-ZIP CITY ST-ZIP HILE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; that I am an efficer 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.

NIEVES ARMANDO*

CITY ST ZIP

SIGNATURE: Huntara

CHY-ST-ZIP

2-23-2007

FILED

Mar 01, 2007 8:00 am