2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2004
Secretary of State

DOCUMENT# N41449

Entity Name: IGLESIA BAUTISTA LIBRE RENACER, INC.

Current Principal Place of Business:

349 SW 12ST
MIAMI, FL 33130 US

New Principal Place of Business:

5859 SW 16 STREET
MIAMI, FL 33155 US

Current Mailing Address:

PO BOX 973036
MIAMI, FL 33197 US

New Mailing Address:

FEI Number: 65-0189834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABREIRA, GUSTAVO
17720 SW 111 AVE
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: ABRIRA, GUSTAVO
Address: 741 NW 45 AVE #31
City-St-Zip: MIAMI, FL 33126

Title: TD ( ) Delete
Name: NEYRA, SARAH E
Address: 120 NE 9 AVE
City-St-Zip: HIALEAH, FL 33020

Title: CD ( ) Delete
Name: ALFARO, PEDRO
Address: 11400 SW 196 ST
City-St-Zip: MIAMI, FL 33157

Title: SD ( ) Delete
Name: REINOSO, YANETSY
Address: 2324 SW 9 ST
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ABREIRA, GUSTAVO
Address: 17720 SW 111 AVE
City-St-Zip: MIAMI, FL 33157

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 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 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: GUSTAVO ABREIRA PD 07/27/2004

Electronic Signature of Signing Officer or Director Date