2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43147

FILED Mar 31, 2009 Secretary of State

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Entity Name: IGLESIA CRISTIANOS UNIDOS INC.					
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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2255 W. F	LACLED				
MIAMI, FL					
1411/ (1411, 1 🗀	00100 00				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
Our Circuit	dilling Addres		New maning Address		
2255 W. F					
MIAMI, FL 33135 US					
FEI Number	65-0281972	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
Traine and Address of Carrent Registered Agents					
	D, ASTRID M				
2255 W. FLAGLER					
MIAMI, FL	33135 US				
The above	named entity	submits this statement for the pu	rpose of changing its register	ed office or registered agent, or both,	
in the State	e of Florida.	·			
SIGNATUR	⊃ ⊑.				
SICINATO		nic Signature of Registered Ager	. t	 Date	
	Liectioi	ile Signature of Registered Ager	ıı	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	DPT ()) Delete	Title:	() Change () Addition	
Name:	SANTIAGO, AS		Name:		
Address:	2255 W FLAGL		Address:		
City-St-Zip:	MIAMI, FL 331	55	City-St-Zip:		
Title:	S ()) Delete	Title:	() Change () Addition	
Name:	SANTIAGO, ÈL		Name:	() =3 = () =	
Address:	2255 W FLAGL	ER ST	Address:		
City-St-Zip:	MIAMI, FL 331	55	City-St-Zip:		
Title:	VPD ()) Delete	Title:	() Change () Addition	
Name:	TORRES, DAVI		Name:	()g- ()	
Address:	2255 W FLAGL		Address:		
City-St-Zip:	MIAMI, FL 331	55	City-St-Zip:		

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: ASTRID SANTIAGO DPT 03/31/2009