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Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90337 029 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N92000000257

1. Entity Name
EL PODER DE EL MILAGRO DE DIOS, IGLESIA, INC.

Principal Place of Business	Mailing Address
218 SANTILLANE AVE SUITE 1 CORAL GABLES, FL 33134	218 SANTILLANE AVE SUITE 1 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

04272004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0380635

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LORENZO, LUIS
218 SANTILLANE AVE SUITE 1
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LORENZO, LUIS
STREET ADDRESS	218 SANTILLANE AVE SUITE 1
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	ROS LORENZO, CARIDAD
STREET ADDRESS	4800 SW 67TH AVE.
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	D
NAME	LOPEZ, ENID
STREET ADDRESS	9321 SW 100 AVE ROAD
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Luis Lorenzo 4-26-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #