

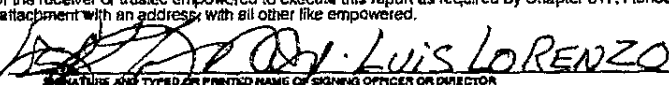
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FILED

May 06, 2005 08:00 AM
Secretary of State

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N92000000257		
1. Entity Name EL PODER DE EL MILAGRO DE DIOS, IGLESIA, INC.		
Principal Place of Business 218 SANTILLANE AVE SUITE 1 CORAL GABLES, FL 33134		Mailing Address 218 SANTILLANE AVE SUITE 1 CORAL GABLES, FL 33134
DO NOT WRITE IN THIS SPACE		
		
		04292005 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		DO NOT WRITE IN THIS SPACE
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 name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LORENZO, LUIS 218 SANTILLANE AVE SUITE 1 CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROS LORENZO, CARIDAD 4800 SW 87TH AVE. MIAMI, FL 33165	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, ENID 9321 SW 100 AVE ROAD MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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		Date 4-26-05 / 305 Daytime Phone # 476 0776