


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # N92000000257 1. Entity Name EL PODER DE EL MILAGRO DE DIOS, IGLESIA, INC. |  |
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|---|---|
| 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



04152007 No Chg-NP CR2E037 (4/06)

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|---|---|
| 4. FEI Number 65-0380635 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| | | |
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| Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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10. OFFICERS AND DIRECTORS

| | |
|--|---|
| 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 33178 |
| 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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IN THIS SPACE**

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05/21/07-80017-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Paul Lorenzo Luis Lorenzo 4/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #