


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90002 037 ****61.25

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 2390 SW 22 TR Miami, FL	Mailing Address 218 SANTILLANE AVE SUITE 1 CORAL GABLES, FL 33134 P.O. BOX 141307 Coral Gables, FL 33114
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04212008 No Chg-NP CR2E037 (4/06)

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
2390 SW 22 TR
Miami, FL

P.O. BOX 141307
Coral Gables, FL 33114

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	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	2390 SW 22 TR Miami, FL
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 33476	Coralia Ochoa 2390 SW 22 TR Miami, FL
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 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:  Luis Lorenzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #