

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000257

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

2390 SW 22 TR
MIAMI, FL 33114

New Principal Place of Business:

38 OVIEDO AVENUE APT 4
CORAL GABLES, FL 33134

Current Mailing Address:

PO BOX 141307
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0380635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORENZO, LUIS
2390 SW 22 TR
MIAMI, FL 33114 US

Name and Address of New Registered Agent:

LORENZO, LUIS
38 OVIEDO AVENUE APT 4
CORAL GABLES, FL 33134 US

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.

SIGNATURE: LUIS LORENZO

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LORENZO, LUIS
Address: 2390 SW 22 TR
City-St-Zip: MIAMI, FL 33114

Title: D () Delete
Name: ROS LORENZO, CARIDAD
Address: 4800 SW 87TH AVE.
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: OCHOA, CORALIA
Address: 2390 SW 22TR
City-St-Zip: MIAMI, FL 33114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LORENZO, LUIS
Address: 38 OVIEDO AVENUE APT 4
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: OCHOA, CORALIA
Address: 38 OVIEDO AVENUE APT 4
City-St-Zip: CORAL GABLES, FL 33134

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: LUIS LORENZO

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date