

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000889

FILED
Jan 13, 2009
Secretary of State

Entity Name: CENTRO DE ENSEANZAS PALABRA DE FE, INC.

Current Principal Place of Business:

2201 W 76 STREET
HIALEAH, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

2201 W 76 ST.
HIALEAH, FL 33016 US

New Mailing Address:

FEI Number: 65-0377608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DE JESUS, CARLOS A DR.
14262 NW 83 CT.
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARLOS A. DE JESUS,
Address: 14262 NW 83 CT
City-St-Zip: MIAMI LAKES, FL 33016

Title: D () Delete
Name: LARA, MARIA L
Address: 2100 SANS SOUCI BLVD. #207
City-St-Zip: N MIAMI, FL 33181

Title: D () Delete
Name: DE JESUS, NEREIDA C REV.
Address: 14262 NW 83 CT
City-St-Zip: MIAMI LAKES, FL 33016

Title: D () Delete
Name: ORTIZ, RUBEN
Address: 1655 W 44 PL #237
City-St-Zip: HIALEAH, FL 33012

Title: D () Delete
Name: SANCHEZ, MARI
Address: 3562 W. 74 ST
City-St-Zip: HIALEAH, FL 33016

Title: D () Delete
Name: FONSECA, HENRY
Address: 10400 SW 108 AVE #204
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: ORTIZ, IRIS M
Address: 1655 W 44 PL. #237
City-St-Zip: HIALEAH, FL 33012

Title: D (X) Change () Addition
Name: BERMUDEZ, ALDO
Address: 2201 W 76 ST
City-St-Zip: HIALEAH, FL 33016

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: CARLOS A. DE JESUS

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01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date