2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 04, 2006 8:00 am Secretary of State DOCÚMENT # N93000000085 05-04-2006 90231 027 ****70.00 IGLESIA CRISTIANA EL TABERNACULO DE KENDALL A D, INC. Principal Place of Business Mailing Address 12215 SW 112TH ST 12215 SW 112TH ST MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 65-0381013 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CUETO, ELIAS Street Address (P.O. Box Number is Not Acceptable) 7951 NW 197 ST MIAMI FL 33015 Zip Code FL 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 diapplicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 **\$5.00** May Be Make Check Payable to 9. Election Campaign Financing Trust Fund Contribution Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. TITLE ☐ Addition ☐ Defete ☐ Change TIME CUETO, ELIAS NAME NAME 7951 NW 197 STREET STREET ADDRESS STREET ADORESS MIAMI FL 33015 CITY-ST-ZIP CITY-S1-ZIP MILE **VDS** ☐ Delete TITLE ☐ Change ☐ Addition SAER, BETTY NAME 11501 SW 84TH ST STREET ADDRESS STREET ADDRESS MIAMI FL 33173 CHY-S1-7IP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE CARBALLO, DORA M NAME NAME STREET ADDRESS 14164 SW 150 AVE STREET ADDRESS MIAMI FL 33196 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition THE CUETO, JUANA NAME STREET ADDRESS 7951 NW 197 STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33015 CITY-ST-ZIP 💢 Defete ☐ Change Addition TITLE TITLE RODRIGUEZ, MANUEL F NAME NAME 14620 SW 143 TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CHTY-ST-ZIP BILLE ☐ Delete IIILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. 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.

4-23-06

135 Cell to

SIGNATURE:

FILED