

## ANNUAL REPORT

DOCUMENT # N93000005383

1. Entity Name  
PRIMERA IGLESIA PENIEL PENTECOSTAL, INC.

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90029 040 \*\*\*\*61.25

Principal Place of Business

%ANGEL LGARES ~~2803 STATE ST. COURT, APT. 206~~  
 3604 W BAY AVE.  
 TAMPA, FL ~~33606~~ 33611

Mailing Address

%ANGEL LGARES ~~2803 STATE ST. COURT, APT. 206~~  
 3604 W BAY AVE  
 TAMPA, FL ~~33606~~ 33611



03082004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3607337

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

LAGARES, ANGEL  
~~2803 STATE ST. COURT, APT. 206~~ 3604 W. BAY AVE  
 TAMPA, FL ~~33606~~ 33611

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
 Due by May 1, 2004

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE D  
 NAME LAGARES, ANGEL  
 STREET ADDRESS ~~2803 STATE ST. COURT, APT. 206~~ 3604 W BAY AVE  
 CITY-ST-ZIP TAMPA, FL ~~33606~~ 33611

TITLE D  
 NAME RUIZ, CYNDIA  
 STREET ADDRESS 3604 W BAY AVE  
 CITY-ST-ZIP TAMPA, FL 33611

TITLE D  
 NAME RUIZ, OSCAR  
 STREET ADDRESS 3604 W. BAY AVE.  
 CITY-ST-ZIP TAMPA, FL 33611

TITLE D  
 NAME RUIZ, CECILIA  
 STREET ADDRESS 3604 W. BAY AVE.  
 CITY-ST-ZIP TAMPA, FL 33611

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

*Angel Lagares*

ANGEL LAGARES D.

3/8/04