


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000005383 1. Entity Name PRIMERA IGLESIA PENIEL PENTECOSTAL, INC.	
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Principal Place of Business 3604 W BAY AVE. TAMPA, FL 33611	Mailing Address 3604 W BAY AVE. TAMPA, FL 33611
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DO NOT WRITE IN THIS SPACE



02272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3607337	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 LAGARES, ANGEL 3604 W BAY AVE. TAMPA, FL 33611	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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	U00000381721 04/16/08-80011-020 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAGARES, ANGEL 3604 W BAY AVE. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, CYNDIA 3604 W BAY AVE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, OSCAR 3604 W. BAY AVE. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, CECILIA 3604 W. BAY AVE. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: <i>Angel Lagares</i> ANGEL LAGARES Pres. 4/2/08.	DATE	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		