2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003103

FILED Jan 16, 2008 Secretary of State

Entity Name: IGLESIA CRISTIANA CASA DE MISERICORDIA, INC.

Current Principal Place of Business: New Principal Place of Business:

12395 SW 130 ST 107-108

MIAMI, FL 33186 US

Current Mailing Address: New Mailing Address:

12395 SW 130 ST 107-108

MIAMI, FL 33186 US

FEI Number: 65-0500119 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ESTRADO, MARIO DANIEL
11515 SW 172ND TERRACE
MIAMI, FL 33157 US

ESTRADA, MARIO DANIEL
11515 SW 172ND TERRACE
MIAMI, FL 33157 US

MIAMI, FL 33157 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: MARIO DANIEL ESTRADA 01/16/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: PD () Delete Title: P (X) Change () Addition

 Name:
 ESTRADA, MARIO D
 Name:
 ESTRADA, MARIO D

 Address:
 11515 SW 172 TERR
 Address:
 11515 SW 172 TERR

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:
 MIAMI, FL 33157

Title: VPD () Delete Title: V (X) Change () Addition Name: MOLLEDA, CONRADO Name: MOLLEDA, CONRADO

 Address:
 5800 SW 90 CT
 Address:
 5800 SW 90 CT

 City-St-Zip:
 MIAMI, FL 33173
 City-St-Zip:
 MIAMI, FL 33173

 $\label{eq:title:SD} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{S} \qquad \mbox{(X) Change () Addition}$

 Name:
 DE JESUS, JOSEPH A
 Name:
 VASQUEZ, MANUEL A

 Address:
 10372 SW 159 AVE
 Address:
 14787 SW 179 ST

 City-St-Zip:
 MIAMI, FL 33196
 City-St-Zip:
 MIAMI, FL 33187

 Name:
 RODRIGUEZ, TEODORO E
 Name:
 DE JESUS, JOSEPH A

 Address:
 7260 SE 138 CT
 Address:
 10372 SW 159 AVE

 City-St-Zip:
 MIAMI, FL 33183
 City-St-Zip:
 MIAMI, FL 33196

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: MANUEL A. VASQUEZ S 01/16/2008