2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N94000003103

Entity Name: IGLESIA CRISTIANA CASA DE MISERICORDIA, INC.

Current Principal Place of Business:

12395 SW 130 ST
107-108
MIAMI, FL 33186 US

New Principal Place of Business:

12807 SW 134 CT
MIAMI, FL 33186 US

Current Mailing Address:

12395 SW 130 ST
107-108
MIAMI, FL 33186 US

New Mailing Address:

12807 SW 134 CT
MIAMI, FL 33186 US

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

Name and Address of Current Registered Agent:

ESTRADA, MARIO DANIEL
11515 SW 172ND TERRACE
MIAMI, FL 33157 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: P ( ) Delete
Name: ESTRADA, MARIO D
Address: 11515 SW 172 TERR
City-St-Zip: MIAMI, FL 33157

Title: V ( ) Delete
Name: MOLLEDA, CONRADO
Address: 5800 SW 90 CT
City-St-Zip: MIAMI, FL 33173

Title: S ( ) Delete
Name: VASQUEZ, MANUEL A
Address: 14787 SW 179 ST
City-St-Zip: MIAMI, FL 33187

Title: T ( ) Delete
Name: DE JESUS, JOSEPH A
Address: 10372 SW 159 AVE
City-St-Zip: MIAMI, FL 33196

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:

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 VASQUEZ S 03/27/2009

Electronic Signature of Signing Officer or Director — Date