## 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N95000003700

Entity Name: IGLESIA CRISTO OMNIPOTENTE A.G. CORP.

FILED Oct 20, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 14710 W. DIXIE HWY NORTH MIAMI, FL 33180 **Current Mailing Address: New Mailing Address:** 6770 EVANS STREET HOLLYWOOD, FL 33024 FEI Number: 65-0602498 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: CABALLERO, VICTOR 6770 EVANS STREET HOLLYWOOD, FL 33024 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CABALLERO, VICTOR Name: Name: 6770 EVANS STREET Address: Address: City-St-Zip: HOLLYWOOD, FL 33024 City-St-Zip: Title: () Delete Title: () Change () Addition Name: NIELENDEZ, A. DANIEL Name: Address: 1523 NE 143 ST Address: City-St-Zip: N. MIAMI, FL 33161 City-St-Zip: Title: () Delete Title: () Change () Addition RODRIGUEZ, ANDREA Name: Name: 7625 ALHAMBRA BLVD. Address: Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: Title: TD ( ) Delete Title: () Change () Addition Name: BRYANT, CARMAN Name: Address: 14637 NE 14 AVE Address: City-St-Zip: NORTH MIAMI, FL 33161 City-St-Zip: Title: () Delete Title: () Change () Addition BEATRIZ, CASADO A Name: Name: 1780 NE 191 ST., #412-2C Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33170 City-St-Zip: Title: () Delete Title: () Change () Addition ROLON, LAURA Name: Name: Address: 350 NE 141 STREET #319 Address: N. MIAMI, FL 33161 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VICTOR CABALLERO PD 10/20/2004