2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 22, 2004 8:00 am Secretary of State DOCUMENT # N9700004911 1. Entity Name 04-22-2004 90042 013 ****61.25 IGLESIA EVANGELICA PENTECOSTAL JEHOVA-NISI, INC. Principal Place of Business Mailing Address 10711 SW 11750 SW 216 ST. UNIT-123 MIAMI FL 33179 177 TERR. MIAMI FL 33177 2. Principal Place of Business 3. Mailing Address Same 10705 11750 S.W. Suite, Apt. #, etc MOORE CR2E037 (11/03) TTTERR 216 St. Unit-218 Applied For City & State 4. FEI Number *#1. 33170* 65-0777393 MIBM I Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SILVA, RITA A 11750 S.W. 177TH TERR Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33177** Zip Code 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. 04/19/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD TITLE Delete TITLE Addition SILUA, RITA A. SILVA, RITA A NAME NAME 10705 5W 2165+ WNIT-218 MIAMI FL 33170 10711 SW 216 ST. UNIT 123 STREET ADDRESS STREET ADDRESS MIAMI FL 33179 CITY-ST-ZIP CITY-ST-ZIP VD Change Delete ☐ Addition TITLE TITLE SILVA, FELIX N. SILVA, FELIX N NAME NAME 10705 S.W. 2165+-Knit-218 10711 SW 216 ST, UNIT-123 STREET ADDRESS STREET ADDRESS **MIAMI FL 33179** Miami Fl 33170 CITY-ST-ZIP City-St-7le Change Addition TITLE Delete SANCHEZ, MIGUEL A. 10705 S.W. 216 St. Whit-218 SANCHEZ, MIGUEL A NAME NAME 10711 SW 216 ST. UNIT-123 - -STREET ADDRESS STREET ADDRESS MIAMI FL 33179 MIAMI F1. 33/70 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Rita A. S/LVA
 04//9/04
 305_255-5/94

 OF SIGNING OFFICER OR DIRECTOR
 Date
 Daylime Phone #
 SIGNATURE

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.