## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 12, 2008 8:00 am DOCUMENT # N98000000321 **Secretary of State** 1. Entity Name 02-12-2008 90015 016 \*\*\*\*61.25 IGLESIA VIDA ABUNDANTE PENTECOSTAL INC. Principal Place of Business Mailing Address 301 WESTWARD DRIVE 301 WESTWARD DRIVE MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 65-0811180 Not Applicable Zip Country Zip 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 PIO, ANTONIO L Street Address (P.O. Box Number is Not Acceptable) 1810 W 56 ST. #3301 HIALEAH FL 33012 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. SIGNATURE Signature, typed or printed name of registered again and title if approace. (NOTE: Registered Agent signature reduced when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete ☐ Change Addition PIO. ANTONIO L NAME NAME 1810 W 56 ST, 3301 STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-ZiP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition PIO, GABRIEL NAME NAME 1571 SW 194 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP PEMBROKE PINES FL 33029 CITY-ST-7P TITLE ☐ Delete TITLE Change ncilibbA 🔲 VIDAL, ARMANDO NAME NAME STREET ADDRESS 19 G 60 STREET STREET ADDRESS HIALEAH FL 33013 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition PALACIDS, JORGE M NAME NAME 3741 NW 66TH AVE STREET ADDRESS STREET ADDRESS VIRGINIA GARDENS FL 33166 CITY-ST-ZIP CITY-ST-ZP THILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z/P ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

ANTONIU L. Pio

02-01-08 305-823-5647

FILED