2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000919

Entity Name: IGLESIA CRISTIANA SENALES DE VIDA, INC.

FILED Apr 05, 2004 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	TATE RD. 7 OOD, FL 33021				
Current Mailing Address:			New Mailing Address:		
	TATE RD. 7 OOD, FL 33021				
FEI Number	: 65-0945174	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
	RUDDY TATE RD. 7 DOD, FL 33021				
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	its registered office or registered agent, or both,	
SIGNATUI					
	Electroni	c Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D () GRACIA, RUDDY 3290 SALIAS W. MIRAMAR, FL 3	ΑΥ	Title: Name: Address: City-St-Zip:	MR (X) Change () Addition GRACIA, RUDDY 13226 NW 26 ST MIRAMAR, FL 33026	
Title: Name: Address: City-St-Zip:	D () GRACIA, MARIA 3290 SALINAS V MIRAMAR, FL 3		Title: Name: Address: City-St-Zip:	D (X) Change () Addition GRACIA, MARIA 13226 NW 26 ST MIRAMAR, FL 33026	
Title: Name: Address: City-St-Zip:	D () CASTRO, VICTO 3396 FOXCROF MIRAMAR, FL 3	T RD #111	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GRASSO, GUST 18014 SW 13 ST PEMBROKE PIN	Г	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ()) CASTRO, LUIS 7925 MIRAMAR MIRAMAR, FL 3		Title: Name: Address: Citv-St-Zip:	() Change () Addition	

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: MARIA GRACIA MRS 04/05/2004