2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N99000001675

Entity Name: ORGANIZACION DE IGLESIAS EVANGELICAS TORRE FUERTE INC.

Current Principal Place of Business:

2611 NW 21 TERRACE
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

2611 NW 21 TERRACE
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-0903054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REYES, ROBERTO
4915 SW 183RD AVE.
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

REYES, ROBERTO
4915 SW 138RD AVE.
MIAMI, FL 33175 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: _____ 04/29/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: REYES, ROBERTO
Address: 4915 SW 183RD AVE.
City-St-Zip: MIAMI, FL 33175

Title: DV ( ) Delete
Name: SOLIS, IGOR
Address: 1151 SW 130 AVE
City-St-Zip: MIAMI, FL 33134

Title: DT ( ) Delete
Name: ZAMORA, MANUEL
Address: 231 NW 60 CT
City-St-Zip: MIAMI, FL 33126

Title: SD ( ) Delete
Name: CASTILLO, GILDA E
Address: 251 N. 34 TERRACE, APT. 3
City-St-Zip: MIAMI, FL 33127

Title: VD ( ) Delete
Name: ROMERO, MIGUEL A
Address: 1897 S.W. 22 STREET, #11
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: REYES, ROBERTO
Address: 4915 SW 138RD AVE.
City-St-Zip: MIAMI, FL 33175

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: NANCY, REYES
Address: 4915 SW 138RD AVE.
City-St-Zip: MIAMI, FL 33175

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 ZAMORA DT 04/29/2008
Electronic Signature of Signing Officer or Director — Date