2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001960

FILED Apr 17, 2009 Secretary of State

Entity Name: CASA PUBLICADORA DAS ASSEMBLEIAS DE DEUS OF FLORIDA, INC.

Current Principal Place of Business:				New Principal Place of Business:		
4460 NW 7 MIAMI, FL						
Current Mailing Address:			New Mai	New Mailing Address:		
PO BOX 66 MIAMI, FL						
FEI Number:	65-0913403	FEI Number Applied For ()	FEI Number Not Ap	oplicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name ar	Name and Address of New Registered Agent:		
PETERSOI 4460 NW 7 MIAMI, FL)				
The above in the State		submits this statement for the p	urpose of changing	g its register	ed office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	nt	Date		
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	WELLINGTON (RUA CONSELH	Delete COSTA JR, JOSÉ EIRO COTEGIPE, 273 AO PAOLO BRAZIL, SP 03058	Title: Name: Address: City-St-Zip	:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PINHERIO, KEN AVDA. SAO PAL	Delete //UEL SOTERO JLO 1270 APT 803 TA, VILA VELHA, BR	Title: Name: Address: City-St-Zip	:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LOPES DE CEF BRASIL 34401	Delete RQUIRA, DERMERAL (IAS, RJ BRAZIL, RJ 25245	Title: Name: Address: City-St-Zip	BRASIL 34	(X) Change () Addition E CERQUIRA, DERMEVAL 4401 E CAXIAS, RJ BRAZIL, RJ 25245	
Title: Name: Address: City-St-Zip:	SECT () PETERSON, VE 4460 NW 74TH MIAMI, FL 3310	AVE	Title: Name: Address: City-St-Zip	:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BM () DE FRANCAFIL 34-19 30TH ST ASTORIA, NY	APT 4L	Title: Name: Address: City-St-Zip	34-19 30T	(X) Change()Addition CA FILH, JOAO LUIZ H ST APT 4L NY 11106	
Title: Name: Address: City-St-Zip:	RODRIGUES D AV. LUIS ARAN	Delete E SOUZA, RONALDO HA 820, APT 1302 D, RIO J BRAZIL, RJ 22793	Title: Name: Address: City-St-Zip	:	() Change () Addition	

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: VERNON D. PETERSON SECT 04/17/2009