2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 04, 2005 8:00 am Secretary of State DOCUMENT # P04000045203 1. Entity Name 05-04-2005 90133 034 ***158.75 IGLESIA CRISTIANA LUZ DE LAS NACIONES INC Principal Place of Business Mailing Address 7619 DAVIE RD EXT 7619 DAVIE RD EXT DAVIE FL 33024 DAVIE FL 33024 2. Principal Place of Business TUG DAUE 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number toll vuode Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEGAL ZOOM NEVADA, INC. 44 W. FLAGLER ST. SUITE 675 7619 DAVIG ROBAT **MIAMI FL 33130** Holly woold 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. 04-20. 2005 SIGNATURE Signature, typed or printed name of registered a (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. SENGEN DIRECTOR TITLE PRES ☐ Delete TITLE Change CEDILLO, MIGUEL A NAME NAME 7619 DAVIG RD EXT STREET ADDRESS 7619 DAVIE RD EXT STREET ADDRESS CITY-ST-ZIP **DAVIE FL 33024** CITY-ST-ZIP **SECR** TITLE ☐ Delete THE ☐ Change Addition NAME CEDILLO, RAINEL NAME 7619 DAVIE RD EXT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAVIE FL 33024 CITY-ST-ZIP ☐ Change Addition NAME ALVAREZ, JAVIER NAME STREET ADDRESS 7619 DAVIE RD EXT STREET ADDRESS CITY-ST-ZIP CHY-SI-7IP DAVIE FL 33024 TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this fling/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 607, 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.

DEFICER OR DIRECTOR

HAME OF SIGNING

SIGNATURE: _

SIGNATURE AND TYPED OR PA

FILED