I hereby certify that the information indicated on this report or supplemental report is true and accure oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execu above, or on an attachment with all other like empowered.		
SIGNATURE JUDY GARCIA	TREASURE	01/23/2014

SIGNATURE: JUDY GARCIA

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

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.

Officer/Director Detail :

••			
Title	Р	Title	VP,T
Name	SANCHEZ, CARLOS A	Name	SANCHEZ, CILY
Address	14752 SW 297 TE	Address	14752 SW 297 TE
City-State-Zip:	HOMESTEAD FL 33033	City-State-Zip:	HOMESTEAD FL 33033
Title	т		
Title Name	T GARCIA, JUDY		
	T GARCIA, JUDY 835 NW 6TH ST.		
Name	,		

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0900003813

Entity Name: CENTRO AVIVAMIENTO PODER DE DIOS INC

Current Principal Place of Business:

426 NORTH KROME AVENUE HOMESTEAD, FL 33030

Current Mailing Address:

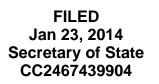
835 NW 6TH ST HOMESTEAD, FL 33030

FEI Number: 26-4699669

Name and Address of Current Registered Agent:

SANCHEZ, CARLOS A 14752 SW 297 TE HOMESTEAD, FL 33033 US

SIGNATURE:



Certificate of Status Desired: Yes

TREASURE

Date