I hereby 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 all other like empowered.

PRESIDENT

Electronic Signature of Signing Officer/Director Detail

20	14 FLORIDA	NOT FOR PRO	FIT CORPOR	ATION ANNUAL	REPORT

DOCUMENT# N11000001212

Entity Name: EL CENTRO CRISTIANO EL SHADDAI INC.

Current Principal Place of Business:

119 TAMIAMI TRAIL UNIT. A PORT CHARLOTTE, FL 33953

Current Mailing Address:

4794 FLAMLAU AVE NORTH PORT, FL 34287 US

FEI Number: 27-5209994

Name and Address of Current Registered Agent:

ORTIZ, NORMA V P 4794 FLAMLAU AVE NORTH PORT, FL 34287 US FILED Jan 19, 2014 Secretary of State CC7769798922

Date

Certificate of Status Desired: Yes

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	P	Title	VP			
Name	PINTO, CARLOS	Name	ORTIZ, NORMA			
Address	4794 FLAMLAU AVE	Address	4794 FLAMLAU AVE			
City-State-Zip:	NORTH PORT FL 34287	City-State-Zip:	NORTH PORT FL 34287			
Title	0	T :	-			
THE	S	Title	1			
Name	S CARRASQUILLO, YAJAIRA	Name	I CORTEZ, ESTHER			
			I CORTEZ, ESTHER 22496 QUASAR BLVD.			
Name	CARRASQUILLO, YAJAIRA	Name				

01/19/2014 Date