

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002967

**Entity Name:** ASAMBLEAS CRISTIANAS KAIPOS INT INC.

**Current Principal Place of Business:**

4619 BELVIDERE ST.  
ORLANDO, FL 32809

**Current Mailing Address:**

4619 BELVIDERE ST.  
ORLANDO, FL 32809 US

**FEI Number:** 27-3573951

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DAMARIS, ORTIZ  
4619 BELVIDERE ST.  
ORLANDO, FL 32809 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name ORTIZ, DAMARIS  
Address 4619 BELVIDERE ST.  
City-State-Zip: ORLANDO FL 32809

Title S/T  
Name LUNA, MICHELLE  
Address 4619 BELVIDERE ST.  
City-State-Zip: ORLANDO FL 32809

Title TRUS  
Name ROSARIO, MARILUZ  
Address 4619 BELVIDERE ST.  
City-State-Zip: ORLANDO FL 32809

Title VP  
Name OSORIA, MIGUEL  
Address 4619 BELVIDERE ST.  
City-State-Zip: ORLANDO FL 32809

*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.*

**SIGNATURE:** DAMARIS ORTIZ

**PRESIDENT**

**04/21/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date