


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

02-11-2004 90206 001 ****61.25
 02-11-2004 90206 002 *****8.75

DOCUMENT # N03000001252

1. Entity Name
MINISTERIO INTERNACIONAL CAMBIADORES DE MUNDO INC.



Principal Place of Business
**8361 NW 16TH STREET
 PEMBROKE PINES, FL 33024**

Mailing Address
**8361 NW 16TH STREET
 PEMBROKE PINES, FL 33024**

66404782



2. Principal Place of Business
2314 W 80th ST.

3. Mailing Address
2314 W 80th ST.

Suite, Apt. #, etc.
Unit #1

City & State
Hiialeah, Florida

02062004 Chg-NP CR2E037 (10/03)

Zip
33016

Country
U.S.A.

4. FEI Number **421576081**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**RESTREPO, ANDRES A
 8361 NW 16TH STREET
 PEMBROKE PINES, FL 33024**

7. Name and Address of New Registered Agent

Name **Restrepo, Andres A.**

Street Address (P.O. Box Number is Not Acceptable)
7757W 36 Ave Apto 6

City **Hiialeah Gardens** FL Zip Code **33018**

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is **\$61.25**
 Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Makes check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RESTREPO, ANDRES 8361 NW 16TH STREET PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RESTREPO, YADIRA 8361 NW 16TH STREET PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEREZ, NORMA 824 NE 17TH APT. 5 FORT LAUDERDALE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEPPLER, MARIANO 817 SW 8TH STREET HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CEQUEIRA, LETICIA 817 SW 8TH STREET HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 617, 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 information.

SIGNATURE: *Andres Restrepo* Date: 02/12/04 7864871482

SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY, OFFICER OR DIRECTOR