

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004384

FILED
Mar 30, 2007
Secretary of State

Entity Name: MINISTERIO SOLDADOS DE LA ORACION, CORP.

Current Principal Place of Business:

10990 S.W. 202ND DRIVE
72
MIAMI, FL 33189

Current Mailing Address:

10990 S.W. 202ND DRIVE
72
MIAMI, FL 33189

New Principal Place of Business:

11000 S.W. 202ND DRIVE
87
MIAMI, FL 33189

New Mailing Address:

11000 S.W. 202ND DRIVE
87
MIAMI, FL 33189

FEI Number: 87-0702433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LA ROSA, CARLOS
10990 S.W. 202ND DRIVE
#72
MIAMI, FL 33189 US

Name and Address of New Registered Agent:

RIVAS DE LA ROSA, JOSEFINA
11000 S.W. 202ND DRIVE
#87
MIAMI, FL 33189 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: JOSEFINA RIVAS DE LA ROSA

03/30/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DE LA ROSA, CARLOS
Address: 10990 S.W. 202ND DRIVE APT. 72
City-St-Zip: MIAMI, FL 33189

Title: D (X) Delete
Name: RIVAS DE LA ROSA, JOSEFINA
Address: 10990 SW 202ND DRIVE, APT. 72
City-St-Zip: MIAMI, FL 33189

Title: D () Delete
Name: RAMIREZ, VIRGINIA G
Address: 9039 SW 167 PLACE
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: AGUIAR, ESDRAS
Address: 720 NW 88 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: VELOZ, VIOLETA
Address: 14911 SW 80 ST, APT. 108
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: ZAMBRANO, GUSTAVO
Address: 19921 GULFSTREAM ROAD
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RIVAS DE LA ROSA, JOSEFINA
Address: 11000 S.W. 202ND DRIVE APT. 87
City-St-Zip: MIAMI, FL 33189

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VIRGINIA RAMIREZ

D

03/30/2007

Electronic Signature of Signing Officer or Director

Date