2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000009140

1. Entity Name

MINISTERIO LIRIO DE LOS VALLES DAMASCO, INC

Principal Place of Business	Mailing Address
6339 JOHNSON STREET HOLLYWOOD FL 33024	6339 JOHNSON STREET HOLLYWOOD FL 33024

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 20-0350210 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANTONIO, JULIANA 6122 SW 34TH STREET MIRAMAR FL 33023	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2008

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

Make 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	DP ☐ Delete ANTONIO, JULIANA 6339 JOHNSON STREET HOLLYWOOD FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000923268
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ☐ Delete MAZARIEGOS, ELVIN 8670 JOHNSON STREET PEMBROKE PINES FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	05/16/08-80023-015 01:25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ☐ Delete MEJIA, PATRICIA 7300 NW 1ST STREET BLDG 6 #202 PLANTATION FL 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 empowered.

SIGNATURE: Juliana antonio