

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000007365

Entity Name: MINISTERIO INTERNACIONAL EL REY JESUS/HOMESTEAD, INC.

FILED
Jan 04, 2007
Secretary of State

DUPLICATE FILING. SPT 6-21-07

Current Principal Place of Business:1102 N. FLAGLER AVENUE
HOMESTEAD, FL 33030**New Principal Place of Business:****Current Mailing Address:**1102 N. FLAGLER AVENUE
HOMESTEAD, FL 33030**New Mailing Address:**

FEI Number: 13-4286676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:MARTINEZ, MARLON
1102 N. FLAGLER AVENUE
HOMESTEAD, FL 33030 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:Title: DP () Delete
Name: MARTINEZ, MARLON
Address: 1102 N. FLAGLER AVENUE
City-St-Zip: HOMESTEAD, FL 33030Title: DV () Delete
Name: MARTINEZ, ANA VILMA
Address: 1102 N. FLAGLER AVENUE
City-St-Zip: HOMESTEAD, FL 33030Title: D () Delete
Name: CRUZ, ROSA IVETTE
Address: 1102 N. FLAGLER AVENUE
City-St-Zip: HOMESTEAD, FL 33030Title: D () Delete
Name: CARRILLO, ANTOLIANO
Address: 1102 N. FLAGLER AVENUE
City-St-Zip: HOMESTEAD, FL 33030Title: DT () Delete
Name: OSTENSON, THEODORE L
Address: 1102 N FLAGLER AVE
City-St-Zip: HOMESTEAD, FL 33030Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
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City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: DS () Change (X) Addition
Name: SAFIE, TERESA D
Address: 1102 N. FLAGLER AVE
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify 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: MARLON MARTINEZ

DP

06/04/2007

Electronic Signature of Signing Officer or Director

Date