

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 09, 2005  
Secretary of State**

DOCUMENT# N04000008120

**Entity Name:** MINISTERIO INTERNACIONAL DE AYUDA AL DESAMPARADO CORP.

**Current Principal Place of Business:**

19335 SW 123RD AVE.  
MIAMI, FL 33177

**New Principal Place of Business:**

**Current Mailing Address:**

19335 SW 123RD AVE.  
MIAMI, FL 33177

**New Mailing Address:**

**FEI Number:** 43-2059237      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GONZALEZ, RUBEN L  
19335 SW 123RD AVE.  
MIAMI, FL 33177      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: PD      ( ) Delete  
Name: GONZALEZ, RUBEN L  
Address: 19335 SW 123RD AVE.  
City-St-Zip: MIAMI, FL 33177

Title: D      ( ) Delete  
Name: GONZALEZ, BERTA  
Address: 19335 SW 123RD AVE.  
City-St-Zip: MIAMI, FL 33177

Title: D      ( ) Delete  
Name: GONZALEZ, RUBEN E  
Address: 19335 SW 123RD AVE.  
City-St-Zip: MIAMI, FL 33177

**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  
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 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 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: RUBEN L GONZALEZ

PRES

04/09/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date