


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90022 047 ****61.25

DOCUMENT # N05000003578

1. Entity Name
MINISTERIO YESHUA SHEMI, INC.



Principal Place of Business
**11720 SW 121ST AVE
 MIAMI, FL 33186**

Mailing Address
**P.O. BOX 160238
 MIAMI, FL 33116**

60038290



2. Principal Place of Business
10425 S.W. 112th AV.

3. Mailing Address
 Suite, Apt. #, etc.
APT 227

City & State
MIAMI, FL

City & State

Zip
33176

Country
USA

06242006 Chg-NP CR2E037 (4/06)

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 1840 SW 22 ST 4TH FL
 MIAMI, FL 33145**

4. FEI Number
59-3802797

Applied For
 Not Applicable

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
 Due by September 6, 2006**

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PEREZ-ROSAS, MARIELA 11720 SW 121ST AVE MIAMI, FL 33186	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASQUALE, SILVIA 11720 SW 121ST AVE MIAMI, FL 33186	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PEREZ-ROSAS, JOSE A 11720 SW 121ST AVE MIAMI, FL 33186	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mariela Perez Rosas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/06 (786)439-1854
Date Daytime Phone #