

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# N07000008805

Entity Name: MINISTERIO CASA CENTRAL DE ORACION, INC.

**Current Principal Place of Business:**

1086 SW 158TH WAY  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

1086 SW 158TH WAY  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

HART, CLAUDIA C  
1086 SW 158TH WAY  
PEMBROKE PINES, FL 33027    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:                      P                      ( ) Delete  
Name:                      HART, CLAUDIA C  
Address:                      1086 158TH WAY  
City-St-Zip:                      PEMBROK PINES, FL 33027

Title:                      VP                      ( ) Delete  
Name:                      ARONSON, YOSETH  
Address:                      12981 COUNTY GLENN DR  
City-St-Zip:                      COOPER CITY, FL 33330

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: CLAUDIA HART

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

PDT

04/30/2009

\_\_\_\_\_ Date