2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011375

City-St-Zip:

RIVERVIEW, FL 33579

Entity Name: MINISTERIOS LA RED, INC

FILED Mar 24, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|---|----------------------------------|---|---|--|
| 310 1 STR | REET NE | | | | |
| B & C RUSKIN, F | FL 33570 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 12715 DUI TAMPA, F | | | | | |
| FEI Number | : 32-0222859 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and | d Address of (| Current Registered Agent: | Name and Address of | of New Registered Agent: | |
| BARILLAS 12715 DUI TAMPA, F | | S | | | |
| | e named entity e of Florida. | submits this statement for the p | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electro | nic Signature of Registered Age | ent | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | P (BARILLAS, MA 12715 DUNHIL TAMPA, FL 33 | L DR | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP (BARILLAS, AN 12715 DUNHIL TAMPA, FL 33 | L DR | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | MEM (BALDERAS, VI 1328 ATLANTI RUSKIN, FL 3 | C DR | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SEC (TORO, LUIS 12843 COVER TAMPA, FL 33 | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | MEM (ESQUIVEL, JU 12740 ADVEN | | Title: Name: Address: | () Change () Addition | |

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.

City-St-Zip:

SIGNATURE: JUAN ESQUIVEL MEM 03/24/2008