


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N17579</b>		
1. Entity Name MINISTERIO NUEVA JERUSALEN INTERNACIONAL INCORPORATED		
Principal Place of Business 5400 SW 122 AVENUE MIAMI, FL 33175	Mailing Address 5400 SW 122 AVENUE MIAMI, FL 33175	



01142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2732176	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  CORDONES, DANIEL 5400 SW 122 AVENUE MIAMI, FL 33175	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U00000787832  
01/18/08-80016-009 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORDONES, DANIEL 1030 NW 129 PL MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOPEZ, OSWALDO 11243 SW 159 PL MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IRAL, GLORIA 5400 SW 122 AVE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDONES, MAYTE 1030 NW 129 PL MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEDINA, FELIPE 18721 SW 30 ST MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDONES, PATRICIA 15531 SW 149 CT MIAMI, FL 33187

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gloria Iral*

Date

1/14/08

Daytime Phone #