


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90053 040 ****61.25

DOCUMENT # N28328			
1. Entity Name MINISTERIO EVANGELISTICO MONTE DE SION INC.			
Principal Place of Business 5700 W 12TH AVE HIALEAH FL 33012		Mailing Address 5700 W 12TH AVE HIALEAH FL 33012	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0072705		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARNAEZ, PEDRO 3148 NW 96 ST MIAMI FL 33147		7. Name and Address of New Registered Agent Name: <i>Arnaz, Pedro</i> Street Address (P.O. Box Number is Not Acceptable): <i>1484 SW 146 ct</i> City: <i>Miami</i> FL Zip Code: <i>33184</i>	
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: <i>Pedro Arnez</i> DATE: <i>2-5-07</i> <small>*Signature, typed or printed name of registered agent and date required. (NOTE: Registered Agent signature required when reinstating.)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD	NAME: ARNAEZ, PEDRO	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <i>Arnaz, Pedro</i>
STREET ADDRESS: 9180 NW 114 ST	CITY-ST-ZIP: HIALEAH FL 33018	STREET ADDRESS: <i>1484 SW 146 ct</i>	CITY-ST-ZIP: <i>Miami, FL 33184</i>
TITLE: VD	NAME: MIROSLAVA, ARNAEZ	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <i>Arnaz, MIROSLAVA</i>
STREET ADDRESS: 9180 NW 114 ST	CITY-ST-ZIP: HIALEAH FL 33018	STREET ADDRESS: <i>1484 SW 146 ct</i>	CITY-ST-ZIP: <i>Miami, FL 33184</i>
TITLE: TD	NAME: SERRANO, ADOLFO	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: 2669 W. 74 TERRACE	CITY-ST-ZIP: HIALEAH FL 33016	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: SD	NAME: SERRANO, NIERKA ALONSO	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <i>Serrano, Nierka A.</i>
STREET ADDRESS: 12367 NW 98 AVE	CITY-ST-ZIP: HIALEAH GARDENS FL 33018	STREET ADDRESS: <i>2669 W. 74 Terr</i>	CITY-ST-ZIP: <i>Hialeah FL 33016</i>
TITLE:	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:
TITLE:	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Pedro Arnez*

2-5-07