

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90051 025 ****61.25

DOCUMENT # N94000002700					
1. Entity Name MINISTERIO INTERNACIONAL JESUCRISTO ES EL SEÑOR, INC. MINISTERIO JEMIMAH INC.					
Principal Place of Business 9740 C SW 24TH STREET MIAMI, FL 33165 US			Mailing Address 9740 C SW 24TH STREET MIAMI, FL 33165 US		
2. Principal Place of Business - No P.O. Box # 9735 N.W. 52 ST.		3. Mailing Address 9735 N.W. 52 ST.			
Suite, Apt. #, etc. 107		Suite, Apt. #, etc. 107			
City & State DORAL, FL.		City & State DORAL, FL.		4. FEI Number 65-0495162	
Zip 33178		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINERO LEONOR 9740 C SW 24TH STREET MIAMI, FL 33165			7. Name and Address of New Registered Agent Name LINERO, LEONOR Street Address (P.O. Box Number is Not Acceptable) 9735 N.W. 52 ST., #107 City DORAL FL 33178		
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 <small>Signature, type or printed name of registered agent and title if applicable</small>				DATE 03/21/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing <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 NAME STREET ADDRESS CITY - ST - ZIP	PD LINERO, LEONOR <input type="checkbox"/> Delete 9740 C SW 24TH STREET MIAMI, FL 33165		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LINERO, LEONOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9735 N.W. 52 ST., #107 DORAL, FL. 33178	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANTAMARIA JOSE R <input checked="" type="checkbox"/> Delete 9740 C SW 24TH STREET MIAMI, FL 33165		TITLE NAME STREET ADDRESS CITY - ST - ZIP	UPD SANTAMARIA, ALFREDO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9735 N.W. 52 ST., #107 DORAL, FL. 33178	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD SANTAMARIA EVELYN <input checked="" type="checkbox"/> Delete 9740 C SW 24TH STREET MIAMI, FL 33165		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD LINERO, ALVARO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9735 N.W. 52 ST., #107 DORAL, FL. 33178	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			LEONOR LINERO 03/21/07 305-388-6363 <small>Date Daytime Phone #</small>		