



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000003016</b>					
1. Entity Name MINISTERIO INTERNACIONAL EL REY JESUS, INC.					
Principal Place of Business 9353 S.W. 152 AVE MIAMI, FL 33196 US		Mailing Address 9353 S.W. 152 AVE MIAMI, FL 33196 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05192005	Chg-NP
				CR2E037 (10/03)	
				4. FEI Number 65-0605906	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MALDONADO, GUILLERMO 6830 S.W. 51ST STREET MIAMI, FL 33155			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALDONADO, GUILLERMO		NAME	U00000372416	
STREET ADDRESS	9353 SW 152 AVE		STREET ADDRESS	07/12/05-80006-011 70.00	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALDONADO, ANA G		NAME		
STREET ADDRESS	9353 SW 152 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACOSTA, CARLOS		NAME		
STREET ADDRESS	9353 SW 152 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGUEROA, ELIZABETH		NAME		
STREET ADDRESS	15406 SW 172 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIBANE, RACHELLE		NAME		
STREET ADDRESS	9353 S.W. 152 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employees.					
SIGNATURE: <i>Guillermo Maldonado</i>			06/28/04 (305) 382-3171		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

Ext. 1103