


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-22-2005 90063 014 \*\*\*\*66.25

<b>DOCUMENT # N01000004191</b> 1. Entity Name <b>M.H. RECORDS MINISTRIES, INC.</b>	
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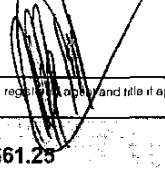
Principal Place of Business <b>7710 W 30TH LN HIALEAH FL 33010-3826</b>	Mailing Address <b>7710 W 30TH LN HIALEAH FL 33010-3826</b>
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2. Principal Place of Business <b>18001 N.W. 91ST Court</b>	3. Mailing Address <b>18001 N.W. 91 ST Court</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Hialeah, Florida</b>	City & State <b>Hialeah, Florida</b>
Zip <b>33018-6516</b>	Country <b>U.S.A.</b>

4. FEI Number <b>65-1118886</b>	Applied For <input type="checkbox"/> 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 <b>HERNANDEZ, MOISES 7710 W 30TH LN HIALEAH FL 33010-3826</b>	7. Name and Address of New Registered Agent Name <b>MOISES HERNANDEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>18001 N.W. 91 ST COURT</b> City <b>HIALEAH</b> FL Zip Code <b>33018-6516</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 	DATE <b>08-17-05</b>
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<b>FILE NOW: FEE IS \$61.25 Due By September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. PD OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>HERNANDEZ, MOISES 7710 W 30TH LN HIALEAH FL 33010-3826 S</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>HERNANDEZ MOISES 18001 N.W. 91 ST COURT HIALEAH, FL. 33018-6516</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>HERNANDEZ, ROSA 7710 W 30TH LN HIALEAH FL 33010-3826 DOA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>HERNANDEZ ROSA 18001 N.W. 91 ST COURT HIALEAH, FL 33018-6516</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>BACALLAO, REBECA 7710 W 30TH LN HIALEAH FL 33010-3826 VD</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>BACALLAO REBECA 18001 N.W. 91 ST COURT HIALEAH, FL 33018-6516</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>RODRIGUEZ, OSVALDO 17199 SW 49TH PL MIRAMAR FL 33027 T</b> <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 <b>JOAQUIN, ABELLA 1771 W 80TH ST. HIALEAH FL 33014</b> <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 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 empowered.
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SIGNATURE: 	DATE <b>08-17-05</b>
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