## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000004999

FILED Feb 25, 2007 Secretary of State

Entity Name: MIEZ-MINISTERIOS EBENEZER, INC. **Current Principal Place of Business: New Principal Place of Business:** 27401 S- DIXIE HWY 152 AV 27401 S- DIXIE HWY HOMESTEAD, FL 33033 HOMESTEAD, FL 33032 **Current Mailing Address: New Mailing Address:** 7721 SW 19 ST MIAMI, FL 33155 FEI Number: 65-0948029 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIAZ, GERARDO A 7721 SW 19 ST. MIAMI, FL 33155 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition DIAZ, GERARDO A Name: Name: 7721 SW 19 ST. Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: Title: SD Title: ( ) Delete () Change () Addition Name: JOVANKA, DIAZ Name: Address: 7721 SW 19 ST Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: Title: VD () Delete Title: (X) Change ( ) Addition DIAZ, NELSON A Name: ROSALES, FAUSTO A Name: 17190 SW 94 AV. APT. 903 7565 SW 152 AV. APT. # F-210 Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33193 Title: ( ) Delete Title: (X) Change ( ) Addition TORRES, GLORIA Name: Name: AMADOR, YOLANY M Address: 17190 SW 94 AVENUE #907 Address: 15435 SW 36 TERR City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33185

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERARDO A DIAZ PD 02/25/2007