

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

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90247 005 ****66.25

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1. Entity Name

M.H. RECORDS MINISTRIES, INC.



Principal Place of Business

**18001 N.W. 91ST COURT
HIALEAH FL 33018-6516**

Mailing Address

**18001 N.W. 91ST COURT
HIALEAH FL 33018-6516**

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

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-1118886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERNANDEZ, MOISES
18001 N.W. 91 ST COURT
HIALEAH FL 33018-6516**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☒

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, MOISES	
STREET ADDRESS	18001 N.W. 91 ST COURT	
CITY- ST- ZIP	HIALEAH FL 33018-6516	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ROSA	
STREET ADDRESS	18001 N.W. 91ST COURT	
CITY- ST- ZIP	HIALEAH FL 33018-6516	
TITLE	DOA	<input type="checkbox"/> Delete
NAME	BACALLAO, REBECA	
STREET ADDRESS	18001 N.W. 91 ST COURT	
CITY- ST- ZIP	HIALEAH FL 33018-6516	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, OSVALDO	
STREET ADDRESS	17199 SW 49TH PL	
CITY- ST- ZIP	MIRAMAR FL 33027	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOAQUIN, ABELLA	
STREET ADDRESS	1771 W 80TH ST.	
CITY- ST- ZIP	HIALEAH FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

04-05-07

305-828-5478