

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90441 032 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                               |                                                                                  |                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N04000007365</b><br>1. Entity Name<br><b>MINISTERIO INTERNACIONAL EL REY<br/>JESUS/HOMESTEAD, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                               |                                                                                  |                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| Principal Place of Business<br><b>1102 N. FLAGLER AVENUE<br/>HOMESTEAD, FL 33030</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                               |                                                                                  | Mailing Address<br><b>1102 N. FLAGLER AVENUE<br/>HOMESTEAD, FL 33030</b>                                                                                                                                                                     |                                                                                                                                                                                          |  |
| 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                                                                                                                                                                                                                                      |                                                                                                                                                                                          |  |
| 4. FEI Number<br><b>13-4286676</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                               |                                                                                  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                       |                                                                                                                                                                                          |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                               |                                                                                  | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                        |                                                                                                                                                                                          |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>MARTINEZ, MARLON</b><br><b>1102 N. FLAGLER AVENUE</b><br><b>HOMESTEAD, FL 33030</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                               |                                                                                  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                                                                                                                          |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                               |                                                                                  |                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                                              | <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                       |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                               |                                                                                  |                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                                 |                                                                                                                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>DP</b> <input type="checkbox"/> Delete<br><b>MARTINEZ, MARLON</b><br><b>1102 N. FLAGLER AVENUE</b><br><b>HOMESTEAD, FL 33030</b>           |                                                                                  | TITLE                                                                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                               |                                                                                  | NAME                                                                                                                                                                                                                                         |                                                                                                                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                               |                                                                                  | STREET ADDRESS                                                                                                                                                                                                                               |                                                                                                                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               |                                                                                  | CITY-ST-ZIP                                                                                                                                                                                                                                  |                                                                                                                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>DV</b> <input checked="" type="checkbox"/> Delete<br><b>RENGIFO, LUIS E</b><br><b>1102 N. FLAGLER AVENUE</b><br><b>HOMESTEAD, FL 33030</b> |                                                                                  | TITLE                                                                                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                        |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                               |                                                                                  | NAME                                                                                                                                                                                                                                         |                                                                                                                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                               |                                                                                  | STREET ADDRESS                                                                                                                                                                                                                               |                                                                                                                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               |                                                                                  | CITY-ST-ZIP                                                                                                                                                                                                                                  |                                                                                                                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>DS</b> <input type="checkbox"/> Delete<br><b>MARTINEZ, ANA VILMA</b><br><b>1102 N. FLAGLER AVENUE</b><br><b>HOMESTEAD, FL 33030</b>        |                                                                                  | TITLE                                                                                                                                                                                                                                        | <b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Martinez, Ana Vilma</b><br><b>1102 N. Flagler Avenue</b><br><b>Homestead, FL 33030</b>      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                               |                                                                                  | NAME                                                                                                                                                                                                                                         |                                                                                                                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                               |                                                                                  | STREET ADDRESS                                                                                                                                                                                                                               |                                                                                                                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               |                                                                                  | CITY-ST-ZIP                                                                                                                                                                                                                                  |                                                                                                                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>DT</b> <input type="checkbox"/> Delete<br><b>CRUZ, ROSA IVETTE</b><br><b>1102 N. FLAGLER AVENUE</b><br><b>HOMESTEAD, FL 33030</b>          |                                                                                  | TITLE                                                                                                                                                                                                                                        | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Cruz, Rosa Ivette</b><br><b>1102 N. Flagler Avenue</b><br><b>Homestead, FL 33030</b>         |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                               |                                                                                  | NAME                                                                                                                                                                                                                                         |                                                                                                                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                               |                                                                                  | STREET ADDRESS                                                                                                                                                                                                                               |                                                                                                                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               |                                                                                  | CITY-ST-ZIP                                                                                                                                                                                                                                  |                                                                                                                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>D</b> <input type="checkbox"/> Delete<br><b>CARRILLO, ANTOLIANO</b><br><b>1102 N. FLAGLER AVENUE</b><br><b>HOMESTEAD, FL 33030</b>         |                                                                                  | TITLE                                                                                                                                                                                                                                        | <b>DS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Satie, Teresa Delmy</b><br><b>1102 N. Flagler Avenue</b><br><b>Homestead, FL 33030</b>      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                               |                                                                                  | NAME                                                                                                                                                                                                                                         |                                                                                                                                                                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                               |                                                                                  | STREET ADDRESS                                                                                                                                                                                                                               |                                                                                                                                                                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               |                                                                                  | CITY-ST-ZIP                                                                                                                                                                                                                                  |                                                                                                                                                                                          |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete<br>                                                                                                           |                                                                                  | TITLE                                                                                                                                                                                                                                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>DT</b><br><b>Ostenson, Theodore L.</b><br><b>1102 N. Flagler Avenue</b><br><b>Homestead, FL 33030</b> |  |
| 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 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. |                                                                                                                                               |                                                                                  |                                                                                                                                                                                                                                              |                                                                                                                                                                                          |  |
| <b>SIGNATURE:</b> <i>[Signature]</i> <b>Marlon Martinez</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               |                                                                                  | <b>4/24/2007</b>                                                                                                                                                                                                                             |                                                                                                                                                                                          |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                               |                                                                                  | <small>Date Daytime Phone #</small>                                                                                                                                                                                                          |                                                                                                                                                                                          |  |

# ATTACHMENT

40090693



MINISTERIO INTERNACIONAL EL REY JESUS — HOMESTEAD  
1102 N. FLAGLER AVENUE  
HOMESTEAD, FLORIDA 33030  
TEL. 305.247.8383  
FAX. 305.246-4648

April 24, 2007

DIVISION OF CORPORATIONS  
P.O. BOX 1500  
Tallahassee, FL 32302-1500

Re: Document # N04000007365

For: Ministerio Internacional El Rey Jesus/Homestead, Inc.  
1102 N. Flagler Avenue  
Homestead, FL 33030-4907

To Whom It May Concern:

Attached please find our 2007 Not-For-Profit Corporation Annual Report with changes made to it as per your instructions, printed as legibly as possible.

Please note that the report reflects:

- 1) One DELETION: Renjifo, Luis E. – who is no longer with us.
- 2) Change in the title for Martinez, Ana Vilma, from DS to DV.
- 3) Change in the title to Cruz, Rosa Ivette, From DT to D.
- 4) Two additions:

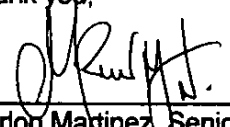
1. Safie, Teresa Delmy as DS  
1102 N. Flagler Avenue  
Homestead, FL 33030

2. Ostenson, Theodore L. as DT  
1102 N. Flagler Avenue  
Homestead, FL 33030

Please also note that the report has been appropriately signed by the President & Registered Agent of this Corporation.

Should you have any questions please don't hesitate to contact us at (305) 247-8383 or by e-mail at: [elreyjesushomestead@yahoo.com](mailto:elreyjesushomestead@yahoo.com)

Thank you,

  
Marlon Martinez, Senior Pastor  
Director/President/Registered Agent