2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012699

City-St-Zip: MIAMI, FL 33145

Entity Name: MINISTERIO MANASES, INC.

FILED Mar 12, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
349 SW 12TH STREET MIAMI, FL 33130			855 SW 22ND AVE MIAMI, FL 33135		
Current Mailing Address:			New Mailing Address:		
349 SW 12TH STREET MIAMI, FL 33130			855 SW 22ND AVE MIAMI, FL 33135		
FEI Number	: 20-3930756	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
	ELA, CARLOS 23RD STREET 33145 US	Н			
	named entity s e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	DP () VALENZUELA, 0 2742 SW 23RD MIAMI, FL 331	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () GONZALEZ, AL 2049 SW 57TH MIAMI, FL 331	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () VALENZUELA, 0 2742 SW 23RD MIAMI, FL 3314	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT () LOPEZ, LIANNE 6425 NW 113TH MIAMI, FL 331	I COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () LEYES, MARTIN		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: CLARA VALENZUELA DS 03/12/2008