

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004999

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: MIEZ-MINISTERIOS EBENEZER, INC.

**Current Principal Place of Business:**

27401 S- DIXIE HWY  
HOMESTEAD, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

7721 SW 19 ST  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number: 65-0948029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIAZ, GERARDO A  
7721 SW 19 ST.  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: DIAZ, GERARDO A  
Address: 7721 SW 19 ST.  
City-St-Zip: MIAMI, FL 33155

Title: SD ( ) Delete  
Name: JOVANKA, DIAZ  
Address: 7721 SW 19 ST  
City-St-Zip: MIAMI, FL 33155

Title: VD ( ) Delete  
Name: ROSALES, FAUSTO A  
Address: 7565 SW 152 AV. APT. # F-210  
City-St-Zip: MIAMI, FL 33193

Title: T ( ) Delete  
Name: AMADOR, YOLANY M  
Address: 15435 SW 36 TERR  
City-St-Zip: MIAMI, FL 33185

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: GERARDO A DIAZ

PD

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date