2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007363

Apr 23, 2009 Secretary of State

Entity Name: MINISTERIO INTERNACIONAL EL REY JESUS/DORAL, INC.

Current Principal Place of Business: New Principal Place of Business:

3900 NW 79 AVENUE. 9000 N. W. 15 ST. 400 DORAL, FL 33172

DORAL, FL 33166

New Mailing Address: Current Mailing Address:

3900 NW 79 AVENUE, 9000 N. W. 15 ST. DORAL, FL 33172

DORAL, FL 33166

FEI Number: 84-1655763 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:

JIMENEZ-DIAZ, P.A 9753 S. ORANGE BLOSSOM TRAIL SUITE 101 ORLANDO, FL 32837 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition LOPEZ, FRANK LOPEZ, FRANK Name: Name:

3900 NW 79 AVENUE, #400 Address: 9000 N. W. 15 ST. Address: City-St-Zip: DORAL, FL 33166 City-St-Zip: DORAL, FL 33172

Title: DS () Delete Title: DS (X) Change () Addition LOPEZ, ZAYDA Name: LOPEZ, ZAYDA Name:

Address: 3900 NW 79 AVENUE #400 Address: 9000 N. W. 15 ST. City-St-Zip: DORAL, FL 33166 City-St-Zip: DORAL, FL 33172

Title: () Delete Title: (X) Change () Addition MONTES DE OCA, HORACIO MONTES DE OCA, HORACIO Name: Name:

3900 NW 79 AVENUE, #400 9000 NW 15 ST. Address: Address: City-St-Zip: DORAL, FL 33166 City-St-Zip: DORAL, FL 33172

(X) Change () Addition Title: PD () Delete Title: PD Name: SUAREZ, ADOLFO Name: SUAREZ, ADOLFO

3900 NW 79 AVENUE, #400 9000 N. W. 15 ST. Address: Address: City-St-Zip: DORAL, FL 33166 City-St-Zip: DORAL, FL 33172

Title: () Delete Title: (X) Change () Addition

LOPEZ-LEVI, RAIMUNDO LOPEZ-LEVI, RAIMUNDO Name: Name: 9000 N. W. 15 ST. 3900 N.W. 79 AVE #400 Address: Address: City-St-Zip: DORAL, FL 33166 City-St-Zip: DORAL, FL 33172

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: HORACIO MONTES DE OCA DT 04/23/2009