

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003700

FILED
May 07, 2009
Secretary of State

Entity Name: MINISTERIO CRISTO OMNIPOTENTE A.G. CORP.

Current Principal Place of Business:

1731 N.E. 146 ST
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

6770 EVANS STREET
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 65-0602498 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CABALLERO, VICTOR
6770 EVANS STREET
HOLLYWOOD, FL 33024 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CABALLERO, VICTOR
Address: 6770 EVANS STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: SD () Delete
Name: MELENDEZ, LISANDRA
Address: 1523 NE 143 ST
City-St-Zip: MIAMI, FL 33161

Title: TD () Delete
Name: BRYANT, CARMAN
Address: 14637 NE 14 AVE
City-St-Zip: NORTH MIAMI, FL 33161

Title: D () Delete
Name: DE LA ROSA, ELSA
Address: 2074 NE 183RD ST
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: GOMEZ, MARK F
Address: 1620 NW 132ND ST
City-St-Zip: MIAMI, FL 33167

Title: VP () Delete
Name: MELENDEZ, DANIEL V P
Address: 1523 N E 143 ST
City-St-Zip: N. MIAMI, FL 33161

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
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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: VICTOR CABALLERO

PD

05/07/2009

Electronic Signature of Signing Officer or Director

Date