2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000000861

3150 NW 99 PLACE

MIAMI, FL 33172

Address:

City-St-Zip:

Entity Name: MINISTERIO INTERNACIONAL ADONAI, INC.

FILED May 27, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: PO BOX 591012 MIAMI, FL 331591012 **Current Mailing Address: New Mailing Address:** PO BOX 591012 MIAMI, FL 331591012 FEI Number: 52-2166151 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: SANCHEZ, ROBERTO 10861 NW 7TH ST., STE, 24 MIAMI, FL 331723756 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SANCHEZ, ROBERTO Name: Name: Address: 4540 SW 97 COURT #2 Address: City-St-Zip: MIAMI, FL 33165 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ROBERT, ALFREDO Name: Address: 8325 NW 158 TERRACE Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: Title: () Delete Title: () Change () Addition BERRIOS, ROBERTO Name: Name: 10861 NW 7TH STREET #24 Address: Address: City-St-Zip: MIAMI, FL 33172 City-St-Zip: Title: Title: () Change () Addition () Delete MELENDEZ, CARMEN Name: Name: 3150 NW 99 PLACE Address: Address: City-St-Zip: MIAMI, FL 33172 City-St-Zip: Title: Title: () Delete () Change () Addition MELENDEZ, ALBERTO Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: ROBERTO SANCHEZ CP 05/27/2003