2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004384

Entity Name: MINISTERIO SOLDADOS DE LA ORACION, CORP.

FILED Apr 30, 2015 **Secretary of State** CC3655044855

Current Principal Place of Business:

11000 S.W. 202ND DRIVE

#87

MIAMI, FL 33189

Current Mailing Address:

P.O. BOX 970561 MIAMI, FL 33197 US

FEI Number: 87-0702433 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVAS DE LA ROSA, JOSEFINA 11000 S.W. 202ND DRIVE #87 MIAMI, FL 33189 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:

City-State-Zip:

City-State-Zip:

City-State-Zip:

WINDWOOD GA 30757

Officer/Director Detail:

MIAMI FL 33189

Title Title

Electronic Signature of Registered Agent

RIVAS DE LA ROSA, JOSEFINA Name Name BAQUERO, ELIAS 11000 S.W. 202ND DRIVE APT. 87 435 LIFE STYLE LAND Address Address

Title D-PR Title SEC

Name VELOZ, VIOLETA Name RAMIREZ, VIRGINIA G

14911 SW 80 ST, APT. 108 3267 VALMONT LN Address Address

City-State-Zip: MIAMI FL 33193 City-State-Zip: KENNER LA 70065

Title D-IR Title D

RIVAS. ISRAEL D Name Name DE LA ROSA, KARINA

Address MANZANA 30 #12, EL BRISAL 11000 S.W. 202ND DRIVE APT. 87 Address SANTO DOMINGO DR

City-State-Zip: MIAMI FL 33189 City-State-Zip:

Title DIRECTOR Title DIRECTOR

ZAMBRANO, GUSTAVO Name GUZMAN, ISRAEL Name

Address 19921 GULFSTREAM ROAD 11000 S.W. 202ND DRIVE Address

> **APT.87** MIAMI FL 33157 City-State-Zip: MIAMI FL 33189

> > Continues on page 2

I hereby 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 all other like empowered.

04/30/2015 SIGNATURE: VIRGINIA G RAMIREZ **SECRETARY**

Date

Officer/Director Detail Continued:

DIRECTOR Title Title DIRECTOR, PR ASSISTANT

OTERO, CUCA Name Name ARIAS, GARVI

Address 14648 SW 284TH ST. Address 11329 SW 246 ST

APT.102

City-State-Zip: HOMESTEAD FL 33032 City-State-Zip: HOMESTEAD FL 33033