Current Principal Place of Business: 5033 RED BAY DR ORLANDO, FL 32829			
Current Mai	ling Address:		
P.O. BOX 4 GILBERT, S	156 SC 29054 US		
FEI Number: 20-0657595		Certificate of Status Desired: No	
Name and Address of Current Registered Agent:			
VEL, NOEMI 5033 RED BAY ORLANDO, FL			
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: NOEMI VEL			04/24/2023
	Electronic Signature of Registered Agent		Date
Officer/Dire	ctor Detail :		
Title	PRES	Title	SEC.
Title Name	PRES ROSA-BERRIOS, NOEMI	Title Name	SEC. TORO, ABDALIS
Name	ROSA-BERRIOS, NOEMI P.O. BOX 456	Name	TORO, ABDALIS P.O. BOX 456
Name Address	ROSA-BERRIOS, NOEMI P.O. BOX 456	Name Address	TORO, ABDALIS P.O. BOX 456
Name Address City-State-Zip:	ROSA-BERRIOS, NOEMI P.O. BOX 456 GILBERT SC 29054	Name Address City-State-Zip:	TORO, ABDALIS P.O. BOX 456 GILBERT SC 29054
Name Address City-State-Zip: Title	ROSA-BERRIOS, NOEMI P.O. BOX 456 GILBERT SC 29054 TRES	Name Address City-State-Zip: Title	TORO, ABDALIS P.O. BOX 456 GILBERT SC 29054 MEMB
Name Address City-State-Zip: Title Name	ROSA-BERRIOS, NOEMI P.O. BOX 456 GILBERT SC 29054 TRES TORO, TOMAS Y JR. P.O. BOX 456	Name Address City-State-Zip: Title Name Address	TORO, ABDALIS P.O. BOX 456 GILBERT SC 29054 MEMB ROSA, ABDALIAS
Name Address City-State-Zip: Title Name Address	ROSA-BERRIOS, NOEMI P.O. BOX 456 GILBERT SC 29054 TRES TORO, TOMAS Y JR. P.O. BOX 456	Name Address City-State-Zip: Title Name Address	TORO, ABDALIS P.O. BOX 456 GILBERT SC 29054 MEMB ROSA, ABDALIAS P.O. BOX 1008
Name Address City-State-Zip: Title Name Address City-State-Zip:	ROSA-BERRIOS, NOEMI P.O. BOX 456 GILBERT SC 29054 TRES TORO, TOMAS Y JR. P.O. BOX 456 GILBERT SC 29054	Name Address City-State-Zip: Title Name Address	TORO, ABDALIS P.O. BOX 456 GILBERT SC 29054 MEMB ROSA, ABDALIAS P.O. BOX 1008

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: MINISTERIO INTERNACIONAL DE AMOR CRISTIANO INC.

DOCUMENT# N0400000935

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.

SIGNATURE: NOEMI ROSA-BERRIOS

City-State-Zip: MAUNABO PR 00707

Electronic Signature of Signing Officer/Director Detail

04/24/2023 Date

FILED Apr 24, 2023

Secretary of State

4547197916CC