

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006139

**Entity Name:** LIBERATING HANDCUFF SOULS INTERNATIONAL MINISTRIES, INC.

**FILED**  
**Apr 27, 2013**  
**Secretary of State**  
**CC2633778737**

**Current Principal Place of Business:**

3511 NW 8TH AVE  
SUITE 10-13  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

3511 NW 8TH AVE  
SUITE 10-13  
POMPANO BEACH, FL 33064

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CSG - CAPITAL SERVICES GROUP INC  
446 W HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441 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

**Officer/Director Detail :**

Title PD  
Name RUIZ, PR. FELIX A  
Address 10765 CYPRESS LAKE TER  
City-State-Zip: BOCA RATON FL 33498

Title VPD  
Name SANTOS, LUCIVANIA  
Address 10765 CYPRESS LAKE TER  
City-State-Zip: BOCA RATON FL 33498

Title VPD  
Name GOMES, PR. NIVALDO P  
Address 19061 FOX LANDING DR  
City-State-Zip: BOCA RATON FL 33434

Title VP  
Name DIAS, PR. OSIEL P  
Address 1310 PARTRADGE CLOSE  
City-State-Zip: POMPANO BEACH FL 33064

Title VPTD  
Name CORRA DE OLIVEIRA, PR. PEDRO  
Address 22367 COLLINGTON DR  
City-State-Zip: BOCA RATON FL 33428

*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: RUIZ , PR. FELIX A**

**PD**

**04/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date