

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000009223

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC1891417635**

**Entity Name:** MINISTERIO INTERNACIONAL FUENTE DE VIDA ABUNDANTE, INC.

**Current Principal Place of Business:**

17187 SW 144 PL  
MIAMI, FL 33177

**Current Mailing Address:**

17187 SW 144 PL  
MIAMI, FL 33177

**FEI Number: 46-4529451**

**Certificate of Status Desired: No**

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

DE LA ROSA, FRANCISCO JR.  
17187 SW 144 PL  
MIAMI, FL 33177 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 P  
Name DE LA ROSA, FRANCISCO  
Address 17187 SW 144 PL  
City-State-Zip: MIAMI FL 33177

Title VP  
Name DE LA ROSA, MAGALY  
Address 17187 SW 144 PL  
City-State-Zip: MIAMI FL 33177

Title T  
Name FRANCO, MORALES  
Address 27725 SW 165 AVE.  
City-State-Zip: HOMESTEAD FL 33031

Title SEC  
Name MORALES, MELANY  
Address 27725 SW 165 AVE.  
City-State-Zip: HOMESTEAD FL 33031

*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: MAGALY DE LA ROSA**

**VD**

**04/30/2015**

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

\_\_\_\_\_  
Date