

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857502

FILED
Apr 03, 2009
Secretary of State

Entity Name: LATIN MISSIONS MINISTRIES, INCORPORATED

Current Principal Place of Business:

7800 SW 56TH STREET
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 558027
MIAMI, FL 332558027 US

New Mailing Address:

FEI Number: 73-1156796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NUNEZ, ALEJANDRO ESQ
1450 NW 87 AVE
SUITE 210
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: DELGADO, ALBERTO M.,
Address: 12295 SW 93 AVE
City-St-Zip: MIAMI, FL 33176

Title: VD () Delete
Name: DELGADO, MARIAM J.,
Address: 12295 SW 93 AVE
City-St-Zip: MIAMI, FL 33176

Title: TD () Delete
Name: RAMOS, GUIDO,
Address: 4415 S W 112TH CT
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: NUNEZ, ALEJANDRO
Address: 1450 NW 87 AVE SUITE 210
City-St-Zip: MIAMI, FL 33172

Title: S () Delete
Name: DIEGO, LEIVA
Address: 16781 SW 78 CT
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: ALBERTO DELGADO

PD

04/03/2009

Electronic Signature of Signing Officer or Director

Date