2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005125

2883 15TH AVE N

ST PETERSBURG, FL 33713

Address:

City-St-Zip:

FILED Jan 05, 2004 Secretary of State

| Entity Na | me: MINISTE | RIO MISION MISIONERA, INC. | | | |
|---------------------------------------------|------------------------------------------------------|----------------------------------|---------------------------------------------|----------------------------------------------|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| | TRAL AVE TERSBURG, F | FL 33713 | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| 9005 50TH PINELLAS | HSTREET SPARK, FL 33 | 782 | | | |
| FEI Number | : 59-3650180 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and | l Address of (| Current Registered Agent: | Name and Address of | of New Registered Agent: | |
| 9005 50TH PINELLAS | SPARK, FL 33 | 782 | | | |
| | e named entity e of Florida. | submits this statement for the p | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATUI | | | | | |
| | Electro | nic Signature of Registered Age | ent | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD (ALMODOVAR, 9005 50TH ST PINELLAS PAR | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VS (DE LEON, ALB 9005 50TH ST PINELLAS PAR | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | T (RODRIGUEZ. I |) Delete VETTE | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: HECTOR ALMODOVAR PD 01/05/2004