2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052843

14440 LINCOLN BLVD

MIAMI, FL 33176 US

Address:

City-St-Zip:

Entity Name: CARLOS MALONE MINISTERIAL ENTERPRISES, LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 14440 LINCOLN BLVD MIAMI, FL 33176 US **Current Mailing Address: New Mailing Address:** 14440 LINCOLN BLVD MIAMI, FL 33176 FEI Number: 20-0516483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SJO ASSOCIATES M-PAAC INC 15260 SW 280 ST SUITE 206B 18495 SOUTH DIXIE HIGHWAY HOMESTEAD, FL 33032 SUITE 216 MIAMI, FL 33157 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: ASHLEY MALONE 04/30/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete MALONE, CARLOS L APOSTLE Name: Name: 14440 LINCOLN BLVD Address: Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: YOUNG, RAYMOND Name: Address: 20205 SW 122ND AVE #103 Address: City-St-Zip: MIAMI, FL 33177 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition JOLLEY, RANDALL Name: Name: 15882 SW 141ST TERRACE Address: Address: City-St-Zip: MIAMI, FL 33176 US City-St-Zip: () Delete Title: MGR Title: () Change () Addition Name: MCCULLOCH, SHAWN Name: 14440 LINCOLN BLVD Address: Address: City-St-Zip: MIAMI, FL 33176 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition MALONE, PAMELA ELDER Name: Name:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: ASHLEY MALONE RA 04/30/2009