


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000003201		
1. Entity Name RB WORLD MINISTRIES INC.		
Principal Place of Business 13213 S.W. 85 ST. RD. MIAMI, FL 33183	Mailing Address P.O. BOX 161813 MIAMI, FL 33116-1813	

FILED

04 APR 15 PH 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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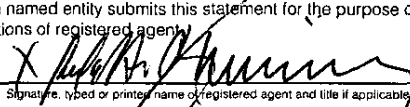
04142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1020872	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BEUTTENMULLER, RODOLFO 15853 S W 71 ST MIAMI, FL 33193

**DO NOT WRITE
IN THIS SPACE**

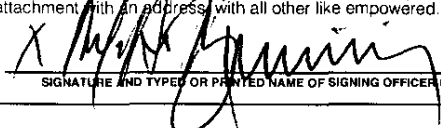
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating) DATE: 04-14-04

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEUTTENMULLER, Rodolfo 13213 S.W. 85 ST. RD. MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEUTTENMULLER, FANNY A. 13213 S.W. 85 ST. RD. MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED ALENCAR, GIDALTE G 500 LOCK RD APT 11 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRION, PEDRO 15853 SW 71 ST. MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BONILLA, DAVID 9725 S.W. 85 ST. MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

700033797507
04/26/04--01008--028 **61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: 04-14-04-305-386-1712 <small>Date Daytime Phone #</small>