
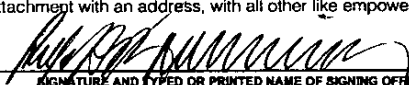


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90027 043 ****70.00

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		
2. Principal Place of Business 15853 SW 71 STREET		3. Mailing Address Suite, Apt. #, etc.			
City & State Miami - Florida		City & State			
Zip 33193		Country USA		Zip	
Country		Country		4. FEI Number 65-1020872	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEUTTENMULLER, RODOLFO 15853 S W 71 ST MIAMI, FL 33193			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME BEUTTENMULLER, RODOLFO		TITLE NAME	NAME 13755 SW 169 TERRACE	
STREET ADDRESS 13213 S.W. 85 ST. RD.	CITY-ST-ZIP MIAMI, FL 33183		STREET ADDRESS MIAMI, FL 33177	CITY-ST-ZIP USA	
TITLE VPD	NAME BEUTTENMULLER, FANNY A		TITLE NAME	NAME 13755 SW 169 TERRACE	
STREET ADDRESS 13213 S.W. 85 ST. RD.	CITY-ST-ZIP MIAMI, FL 33183		STREET ADDRESS MIAMI, FL 33177	CITY-ST-ZIP USA	
TITLE SD	NAME ALENCAR, GIDALTE G		TITLE NAME	NAME 13755 SW 169 TERRACE	
STREET ADDRESS 500 LOCK RD APT 11	CITY-ST-ZIP DEERFIELD BEACH, FL 33442		STREET ADDRESS MIAMI, FL 33177	CITY-ST-ZIP USA	
TITLE D	NAME CARRION, PEDRO		TITLE NAME	NAME 13755 SW 169 TERRACE	
STREET ADDRESS 15853 S W 71 ST	CITY-ST-ZIP MIAMI, FL 33193		STREET ADDRESS MIAMI, FL 33177	CITY-ST-ZIP USA	
TITLE DT	NAME BONILLA, DAVID		TITLE NAME	NAME 13755 SW 169 TERRACE	
STREET ADDRESS 9725 S.W. 85 ST.	CITY-ST-ZIP MIAMI, FL 33173		STREET ADDRESS MIAMI, FL 33177	CITY-ST-ZIP USA	
TITLE NAME	CITY-ST-ZIP MIAMI, FL 33173		TITLE NAME	NAME 13755 SW 169 TERRACE	
STREET ADDRESS MIAMI, FL 33173	CITY-ST-ZIP MIAMI, FL 33173		STREET ADDRESS MIAMI, FL 33177	CITY-ST-ZIP USA	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			01-25-06 -		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		