

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003317

FILED
Apr 30, 2008
Secretary of State

Entity Name: CARSEL'S MINISTRIES INTERNATIONAL INC.

Current Principal Place of Business:

93 NW 163 RD STREET
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

165 NE 128 TERR
N. MIAMI, FL 33161

New Mailing Address:

FEI Number: 65-0120997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST FLEUR, CARSEL
165 NE 128 TERR
MIAMI, FL 33161 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: ST FLEUR, CARSEL
Address: 165 NE 128 TERRACE
City-St-Zip: N. MIAMI, FL 33161

Title: VD () Delete
Name: INNOCENT, JERRY
Address: 1570 NW 128 ST
City-St-Zip: MIAMI, FL 33167

Title: D () Delete
Name: ROMELUS, WIDELINE
Address: 2120 NE 171 STREET
City-St-Zip: N MIAMI BEACH, FL 33162

Title: T () Delete
Name: JEAN-LOUIS, MYRIEL
Address: 14865 NE 11TH CT
City-St-Zip: N MIAMI, FL 33161

Title: S () Delete
Name: BRUNEL, BATAILLE
Address: 410 NE 160 TERR
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: VS () Delete
Name: JEAN-PIERRE, DARLINE
Address: 1851 NE 143 ST
City-St-Zip: MIAMI, FL 33161

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: S (X) Change () Addition
Name: SERGE, FORTUNE
Address: 1550 NE 109 STREET
City-St-Zip: MIAMI, FL 33161

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: ST FLEUR CARSEL

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date