

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003488

FILED
Feb 01, 2008
Secretary of State

Entity Name: MINISTERIOS CORBAN, INC.

Current Principal Place of Business:

390 WEST 54TH STREET
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

390 WEST 54TH STREET
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-1019759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGALADO, OSVALDO
390 WEST 54TH STREET
HIALEAH, FL 33012 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: REGALADO, OSVALDO
Address: 390 WEST 54TH ST
City-St-Zip: HIALEAH, FL 33012

Title: VP () Delete
Name: RIOS, JORGE
Address: 8517 N.W. 7 STREET APT. 110
City-St-Zip: MIAMI, FL 33126

Title: SD () Delete
Name: REGALADO, CLARA
Address: 8935 N.W. 33RD COURT ROAD
City-St-Zip: MIAMI, FL 33147

Title: TR () Delete
Name: REGALADO, ODALYS
Address: 390 WEST 54TH STREET
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: RIOS, MERCY
Address: 8517 N.W. 7 STREET APT. 110
City-St-Zip: MIAMI, FL 33126

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: OSVALDO REGALADO

PD

02/01/2008

Electronic Signature of Signing Officer or Director

Date