

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001599

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: GENTE JOVEN MINISTRIES, INC.

## Current Principal Place of Business:

8541 S.W. 27TH LANE  
MIAMI, FL 331552340

## New Principal Place of Business:

## Current Mailing Address:

8541 S.W. 27TH LANE  
MIAMI, FL 331552340

## New Mailing Address:

FEI Number: 65-1098520

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TORRES, SERGIO  
8541 S.W. 27TH LANE  
MIAMI, FL 331552340 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: TORRES, CHARY  
Address: 8541 S.W. 27TH LANE  
City-St-Zip: MIAMI, FL 331552340

Title: VD ( ) Delete  
Name: TORRES, SERGIO  
Address: 8541 S.W. 27TH LANE  
City-St-Zip: MIAMI, FL 331552340

Title: SD ( ) Delete  
Name: TORRES, ALEJANDRA  
Address: 8541 S.W. 27TH LANE  
City-St-Zip: MIAMI, FL 331552340

Title: TD ( ) Delete  
Name: LOPEZ, DAVID  
Address: 238 EAST 11 ST.  
City-St-Zip: HIALEAH, FL 33010

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARI TORRES

PD

01/05/2006

Electronic Signature of Signing Officer or Director

Date