

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002377

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: AMANCIO DIAS MINISTRIES INC.

## Current Principal Place of Business:

600 SW THIRD STREET  
POMPANO BEACH  
COCONUT CREEK, FL 33060 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 970532  
COCONUT CREEK, FL 33097 US

## New Mailing Address:

FEI Number: 65-1091665

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIAS FILHO, AMANCIO G  
5482 NW 49TH CT.  
COCONUT CREEK, FL 33073 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: DP ( ) Delete  
Name: DIAS, AMANCIO G  
Address: PO BOX 970532  
City-St-Zip: COCONUT CREEK, FL 33097

Title: DVT ( ) Delete  
Name: SILVEIRA DIAS, NEIDE  
Address: PO BOX 970532  
City-St-Zip: COCONUT CREEK, FL 33097

Title: DS ( ) Delete  
Name: PEREIRA, FRANCISCO R  
Address: PO BOX 970532  
City-St-Zip: COCONUT CREEK, FL 33097

Title: D ( ) Delete  
Name: SANTOS, OSNILDA  
Address: PO BOX 970532  
City-St-Zip: COCONUT CREEK, FL 33097 US

Title: D ( ) Delete  
Name: GONZALES, VANIA  
Address: PO BOX 970532  
City-St-Zip: COCONUT CREEK, FL 33097

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: D ( ) Change (X) Addition  
Name: FRADIMIR, VALER  
Address: PO BOX 970532  
City-St-Zip: COCONUT CREEK, FL 33097

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: FRANCISCO PEREIRA

DS

04/24/2007

Electronic Signature of Signing Officer or Director

Date