


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90010 033 ****61.25

DOCUMENT # N01000004191 1. Entity Name M.H. RECORDS MINISTRIES, INC.					
Principal Place of Business 7710 W 30TH LN HIALEAH FL 33010-3826				Mailing Address 7710 W 30TH LN HIALEAH FL 33010-3826	
2. Principal Place of Business M-H RECORDS MINISTRIES, INC.		3. Mailing Address M H RECORDS MINISTRIES, INC.			
Suite, Apt. #, etc. 7710 West 30 Lane		Suite, Apt. #, etc. 7710 West 30 Lane			
City & State HIALEAH, FLORIDA		City & State HIALEAH, FLORIDA			
Zip 33018-3826		Country USA		4. FEI Number 65-1118886	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HERNANDEZ, MOISES 7710 W 30TH LN HIALEAH FL 33010-3826				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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By September 8, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, MOISES 7710 W 30TH LN HIALEAH FL 33010-3826 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition No change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERNANDEZ, ROSA 7710 W 30TH LN HIALEAH FL 33010-3826 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition No change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOA BACALLAO, REBECA 7710 W 30TH LN HIALEAH FL 33010-3826 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition No change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, OSVALDO 17199 SW 49TH PL MIRAMAR FL 33027 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition No change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I JOAQUIN, ABELLA 1771 W 80TH ST. HIALEAH FL 33014 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition No change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 enclosed.					
SIGNATURE: MOISES HERNANDEZ			08-24-04		(305)-828-5478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					