

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000002

FILED  
Aug 08, 2008  
Secretary of State

Entity Name: SHADDAI INTERNATIONAL OUTREACH MINISTRY INC.

**Current Principal Place of Business:**

2890 NW 160 ST  
MIAMI, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

2890 NW 160 ST  
MIAMI, FL 33054

**New Mailing Address:**

FEI Number: 26-0007733      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LOPEZ, REINERIO  
2890 NW 160 ST  
MIAMI, FL 33054      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: LOPEZ, REINERIO  
Address: 2890 NW 160 ST  
City-St-Zip: MIAMI, FL 33054

Title: DV      ( ) Delete  
Name: VALENTINE, LINDA  
Address: 8220 SW 65TH AVE APT D5  
City-St-Zip: MIAMI, FL 33143

Title: DS      ( ) Delete  
Name: TURNER, ARENA  
Address: 723 NW 73 ST  
City-St-Zip: MIAMI, FL 33150

Title: DT      ( ) Delete  
Name: LOPEZ, BRIGINA  
Address: 2890 NW 160 ST  
City-St-Zip: MIAMI, FL 33054

Title: DT      ( ) Delete  
Name: LOCKHART, MAULEEN  
Address: 650 NE 61 ST  
City-St-Zip: MIAMI, FL 33137

Title: DS      ( ) Delete  
Name: BOWE, MICHELLE  
Address: 7794 MIRAMAR PKWY  
City-St-Zip: MIRAMAR, FL

**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:      ( ) 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: REINERIO LOPEZ

DP

08/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date