

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005067

Entity Name: MINISTERIO "UNIDOS GETSEMANI" INC.

FILED  
Apr 28, 2004  
Secretary of State

**Current Principal Place of Business:**

2301 NW 7 ST STE F  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

2301 NW 7 ST STE F  
MIAMI, FL 33125

**New Mailing Address:**

FEI Number: 76-0703656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

UCANAN, MARTHA  
2301 NW 7 ST STE F  
MIAMI, FL 33125

**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: UCANAN, MARTHA  
Address: 2301 NW 7 ST STE F  
City-St-Zip: MIAMI, FL 33125

Title: VD ( ) Delete  
Name: ZAVALA, ABSALON  
Address: 2301 NW 7 ST STE F  
City-St-Zip: MIAMI, FL 33125

Title: SD ( ) Delete  
Name: SANDOVAL, MARIA M  
Address: 437 NW 25 CT  
City-St-Zip: MIAMI, FL 33125

Title: SD ( ) Delete  
Name: GOMEZ, HAYDEN  
Address: 437 NW 25 CT  
City-St-Zip: MIAMI, FL 33125

**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 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 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: MARTHA UCANAN

P

04/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date