2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N02000005067

Entity Name: MINISTERIO "UNIDOS GETSEMANI" INC.

Current Principal Place of Business:

2301 NW 7 ST STE F
MIAMI, FL 33125

New Principal Place of Business:

454 NW 22 AVE
205
MIAMI, FL 33125

Current Mailing Address:

2301 NW 7 ST STE F
MIAMI, FL 33125

New Mailing Address:

454 NW 22 AVE
205
MIAMI, FL 33125

FEI Number: 76-0703656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VIAJESERVI USA
2301 NW 7 ST STE F
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

VIAJESERVI USA
2905 NW 9 ST
MIAMI, FL 33125 US

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: MARTHA UCANAN 04/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: UCANAN, MARTHA
Address: 2905 NW 9 ST
City-St-Zip: MIAMI, FL 33125

Title: V ( ) Delete
Name: GONZALEZ, MARCELL
Address: 2905 NW 9ST
City-St-Zip: MIAMI, FL 33125

Title: TS ( ) Delete
Name: TABORA, MIRTILA
Address: 4050 NW 135 ST EDF #9 APT#22
City-St-Zip: MIAMI, FL 33054

Title: D ( ) Delete
Name: QUINTANA, MAXELINA
Address: 501 NW 36 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 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: MARTHA UCANAN P 04/29/2009
Electronic Signature of Signing Officer or Director Date