

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000006880

FILED
May 01, 2003
Secretary of State

Entity Name: GET REAL MINISTRIES, INC.

Current Principal Place of Business:

8241 SW 183RD STREET
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

8241 SW 183RD STREET
MIAMI, FL 33157

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYKES, GENYNE M
28910 SW 147TH AVENUE
HOMESTEAD, FL 33033

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: CEO () Delete
Name: MALONE, CARLOS L
Address: 8241 SW 183RD STREET
City-St-Zip: MIAMI, FL 33157

Title: V () Delete
Name: MALONE, PAMELA R
Address: 8241 SW 183RD STREET
City-St-Zip: MIAMI, FL 33157

Title: COO () Delete
Name: SYKES, GENYNE M
Address: 28910 SW 147TH AVENUE
City-St-Zip: HOMESTEAD, FL 33033

Title: D () Delete
Name: MALONE, RODERICK M SR
Address: 13991 SW 122ND AVE. #103
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: GODWIN, HENRY
Address: 7701 SW 181 TERRACE
City-St-Zip: MIAMI, FL 33157

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: MALONE, MARY
Address: 10820 SW 173 STREET
City-St-Zip: MIAMI, FL 33157

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: CARLOS L. MALONE

CEO

05/01/2003

Electronic Signature of Signing Officer or Director

Date