

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008216

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: MINISTERIO EVANGELISTICO AGUILA Y N.G., INC.

**Current Principal Place of Business:**

15832 S.W. 55TH TERRACE  
MIAMI, FL 33185

**New Principal Place of Business:**

**Current Mailing Address:**

15832 S.W. 55TH TERRACE  
MIAMI, FL 33185

**New Mailing Address:**

FEI Number: 30-0124274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REID, CORALIA  
15832 SW 55TH TERRACE  
MIAMI, FL 33185 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: PD ( ) Delete  
Name: REID, CORALIA  
Address: 15832 SW 55TH TERRACE  
City-St-Zip: MIAMI, FL 33185

Title: SD ( ) Delete  
Name: FIGUEROA, ELIZABETH  
Address: 15406 S.W. 172ND ST.  
City-St-Zip: MIAMI, FL 33187

Title: TD ( ) Delete  
Name: GORDON, VANESSA  
Address: 15832 SW 55TH TERRACE  
City-St-Zip: MIAMI, FL 33185

Title: D ( ) Delete  
Name: MURRELL, VERNA  
Address: 6110 W 24 COURT #104  
City-St-Zip: HIALEAH, FL 33016

**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: CORALIA REID

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date