

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008316

FILED
Jan 11, 2007
Secretary of State

Entity Name: MINISTERIO EL PODEROSO DE ISRAEL INC.

Current Principal Place of Business:

10328 W. FLAGLER ST.
MIAMI, FL 33174

New Principal Place of Business:

Current Mailing Address:

5314 SW 135TH CT.
MIAMI, FL 33175

New Mailing Address:

FEI Number: 05-0537288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEGOVIA, MIGUEL A
5314 SW 135TH CT.
MIAMI, FL 33175 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: SEGOVIA, MIGUEL A
Address: 5314 SW 135TH CT.
City-St-Zip: MIAMI, FL 33175

Title: TD () Delete
Name: SEGOVIA, PATRICIA
Address: 5314 SW 135TH CT.
City-St-Zip: MIAMI, FL 33175

Title: SD () Delete
Name: SEGOVIA, NATALY P
Address: 5314 SW 135TH CT.
City-St-Zip: MIAMI, FL 33175

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: MIGUEL SEGOVIA

PD

01/11/2007

Electronic Signature of Signing Officer or Director

Date