

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# N02000008677

Entity Name: MINISTERIO R.M., INC.

Current Principal Place of Business:

422 BALI TERRACE
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

PO BOX 5521
DELTONA, FL 32728

New Mailing Address:

FEI Number: 02-0652330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOSQUES, MALAQUIAS
422 BALI TERRACE
DELTONA, FL 32725 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: BOSQUES, MALAQUIAS
Address: 422 BALI TERRACE
City-St-Zip: DELTONA, FL 32725

Title: TD () Delete
Name: LUGO, DILMA
Address: 422 BALI TERRACE
City-St-Zip: DELTONA, FL 32725

Title: SD () Delete
Name: RONDON, BLANCA
Address: 422 BALI TERRACE
City-St-Zip: DELTONA, FL 32728

Title: D () Delete
Name: BOSQUES, RUBEN
Address: 422 BALI TERR
City-St-Zip: DELTONA, FL 32725

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: SD (X) Change () Addition
Name: DANEZA, MIRANDA
Address: 422 BALI TERRACE
City-St-Zip: DELTONA, FL 32728

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: NANETTE, RAMOS
Address: 422 BALI TERR
City-St-Zip: DELTONA, FL 32725

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: MALAQUIAS BOSQUES

P/D

03/25/2008

Electronic Signature of Signing Officer or Director

_____ Date