
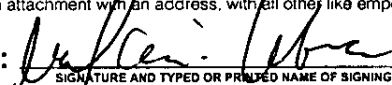


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90016 016 ****61.25

DOCUMENT # N02000008678			
1. Entity Name MINISTERIO JEHOVA SE PROVEERA, INC.			
Principal Place of Business 5920 JOHNSON STREET SUITE 101 HOLLYWOOD, FL 33024		Mailing Address 5920 JOHNSON STREET SUITE 101 HOLLYWOOD, FL 33024	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
URBINA, MARIA 5920 JOHNSON STREET SUITE 101 HOLLYWOOD, FL 33024		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	URBINA, MARIA	NAME	T/S/D ZELAYA MERCEDES
STREET ADDRESS	11724 NW 5TH ST	STREET ADDRESS	1200 NW 714 TER
CITY-ST-ZIP	PLANTA, FL 33024	CITY-ST-ZIP	Hollywood FL 33024
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, DIGNA	NAME	CHAVEZ JORGE
STREET ADDRESS	2471 SW 43RD AVE	STREET ADDRESS	2659 JOHNSON ST
CITY-ST-ZIP	FT LAUD, FL 33317	CITY-ST-ZIP	Hollywood FL 33024
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSPIGLIOSI, GIULIANA	NAME	MORALES, DIEGO
STREET ADDRESS	3601 MONROE ST 209	STREET ADDRESS	5920 JOHNSON STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP	Hollywood FL 33024
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAHOLLI, ENTELA	NAME	
STREET ADDRESS	7800 CARLYLE AVE 3-D	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33141	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: May 14, 2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40103033



05092008 Chg-NP CR2E037 (12/06)

4. FEI Number 02-0652049 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL Zip Code

Filing Fee is \$61.25
Due by September 12, 2008

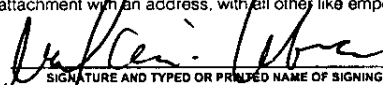
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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CITY-ST-ZIP	FT LAUD, FL 33317
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T/S/D ZELAYA MERCEDES
STREET ADDRESS	1200 NW 714 TER
CITY-ST-ZIP	Hollywood FL 33024
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAVEZ JORGE
STREET ADDRESS	2659 JOHNSON ST
CITY-ST-ZIP	Hollywood FL 33024
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORALES, DIEGO
STREET ADDRESS	5920 JOHNSON STREET
CITY-ST-ZIP	Hollywood FL 33024
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

SIGNATURE:



May 14, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #