

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000470

FILED
Jan 20, 2005
Secretary of State

Entity Name: CHRISTIAN WORK CHURCH MIGRANT MISSION, INC.

Current Principal Place of Business:

3600 S STATE ROAD 7
SUITE 40
MIRAMAR, FL 33023 US

New Principal Place of Business:

13899 BISCAYNE BLV
PH-5
MIAMI, FL 33181 US

Current Mailing Address:

3600 S STATE ROAD 7
SUITE 40
MIRAMAR, FL 33023 US

New Mailing Address:

13899 BISCAYNE BLV
PH-5
MIAMI, FL 33181 US

FEI Number: 56-2314683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORALEL, ALBERTO DR.
3600 S STATE ROAD 7
SUITE 40
MIRAMAR, FL 33023 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: P () Delete
Name: RUIZ, DR. OSCAR A
Address: 20425 NE 19 CT
City-St-Zip: MIAMI, FL 33179 US

Title: VP (X) Delete
Name: GVERRA, JOSE
Address: 20425 NE 19 CT
City-St-Zip: MIAMI, FL 33179 US

Title: SEC () Delete
Name: CASTRO, ANA
Address: 20425 NE 19 CT
City-St-Zip: MIAMI, FL 33179 US

Title: TRE () Delete
Name: VELEZ, LUCAS
Address: 20425 NE 19 CT
City-St-Zip: MIAMI, FL 33179 US

Title: LD (X) Delete
Name: BOTO, SONIA
Address: 20425 NE 19 CT
City-St-Zip: MIAMI, FL 33179

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:

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: OSCAR A RUIZ

P

01/20/2005

Electronic Signature of Signing Officer or Director

Date