

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000470

FILED  
Jan 08, 2006  
Secretary of State

**Entity Name:** CHRISTIAN WORK CHURCH MIGRANT MISSION, INC.

**Current Principal Place of Business:**

13899 BISCAYNE BLV  
PH-5  
MIAMI, FL 33181 US

**New Principal Place of Business:**

13899 BISCAYNE BLV  
400  
MIAMI, FL 33181 US

**Current Mailing Address:**

13899 BISCAYNE BLV  
PH-5  
MIAMI, FL 33181 US

**New Mailing Address:**

13899 BISCAYNE BLV  
400  
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: SEC (X) 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

**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: OSCAR A RUIZ

DT

01/08/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date