2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004384

FILED Jun 21, 2005 Secretary of State

Entity Name: MINISTERIO SOLDADOS DE LA ORACION, CORP.

	rincipal Place of Business:	New Principal Place of Business:
	V. 202ND DRIVE	
#72 MIAMI, FL	33189	
Current M	lailing Address:	New Mailing Address:
10990 S.W # 72 VIIAMI, FL	V. 202ND DRIVE 33189	
n accordan	: 87-0702433 FEI Number Applied For() ice with s. 607.193(2)(b), F.S., the corporation did r I Address of Current Registered Agent:	•
		Name and Address of New Registered Agent:
10990 S.W \$ 72	SA, CARLOS V. 202ND DRIVE	DE LA ROSA, CARLOS 10990 S.W. 202ND DRIVE #72
MIAMI, FL	33189 US	MIAMI, FL 33189 US
	named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agent, or both,
SIGNATUR	RE:	06/21/2005
	Electronic Signature of Registered Ac	gent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
ītle: lame: lddress: Dity-St-Zip:	PD () Delete DE LA ROSA, CARLOS 10990 S.W. 202ND DRIVE APT. 72 MIAMI, FL 33189	Title: () Change () Addition Name: Address: City-St-Zip:
itle:	D () Delete VELOZ, VIOLETA 6840 S.W. 163 PLACE	Title: D (X) Change () Addition Name: RIVAS DE LA ROSA, JOSEFINA Address: 10000 SW 200ND DRIVE ADT 72
\ddress:	MIAMI, FL 33193	Address: 10990 SW 202ND DRIVE, APT. 72 City-St-Zip: MIAMI, FL 33189
Address: Dity-St-Zip: Title: Name: Address:		·
Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Dity-St-Zip:	MIAMI, FL 33193 D () Delete RAMIREZ, VIRGINIA G 9039 SW 167 PLACE	City-St-Zip: MIAMI, FL 33189 Title: () Change () Addition Name: Address:

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: CARLOS DE LA ROSA PD 06/21/2005