

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004384

FILED  
Feb 24, 2008  
Secretary of State

Entity Name: MINISTERIO SOLDADOS DE LA ORACION, CORP.

## Current Principal Place of Business:

11000 S.W. 202ND DRIVE  
# 87  
MIAMI, FL 33189

## New Principal Place of Business:

## Current Mailing Address:

11000 S.W. 202ND DRIVE  
# 87  
MIAMI, FL 33189

## New Mailing Address:

FEI Number: 87-0702433      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RIVAS DE LA ROSA, JOSEFINA  
11000 S.W. 202ND DRIVE  
#87  
MIAMI, FL 33189 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: RIVAS DE LA ROSA, JOSEFINA  
Address: 11000 S.W. 202ND DRIVE APT. 87  
City-St-Zip: MIAMI, FL 33189

Title: D ( ) Delete  
Name: RAMIREZ, VIRGINIA G  
Address: 9039 SW 167 PLACE  
City-St-Zip: MIAMI, FL 33196

Title: D ( ) Delete  
Name: AGUIAR, ESDRAS  
Address: 720 NW 88 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete  
Name: VELOZ, VIOLETA  
Address: 14911 SW 80 ST, APT. 108  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: ZAMBRANO, GUSTAVO  
Address: 19921 GULFSTREAM ROAD  
City-St-Zip: MIAMI, FL 33157

## 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 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: VIRGINIA G. RAMIREZ

D

02/24/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date