

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000005337**

1. Entity Name  
**PRAYER IN ACTION MINISTRY CORPORATION**



Principal Place of Business  
**1430 SW 85 COURT  
MIAMI, FL 33144-4025**

Mailing Address  
**1430 SW 85 COURT  
MIAMI, FL 33144-4025**



03012007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**56-2510348**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SICRE, ROSIE  
1430 SW 85 COURT  
MIAMI, FL 33144-4025**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000658081  
03/15/07-80022-027 70.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SICRE, ROSIE 1430 SW 85 COURT MIAMI, FL 331444025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUTIERREZY, CARMEN 1120 SW 100 CT MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOTOLONGO, SUZEETE POB 524622 MIAMI, FL 33152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/1/07 (305) 968-0114**