2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005431

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Entity Name: MINISTERIO FUENTE DE VIDA INC.

FILED Apr 18, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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8226 NW 14 ST. MIAMI, FL 33126

Current Mailing Address: New Mailing Address:

4375 SW 96 AVE MIAMI, FL 33165

FEI Number: 36-3683869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARTINEZ, GENNIE

4375 SW 96 AVE

MIAMI, FL 33165 US

MARTINEZ, GENNIE

888 BRICKELL KEY DRIVE, UNIT 1210

MIAMI, FL 33131 US

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: GENNIE MARTINEZ 04/18/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition Name: CHIONG, LUIS REV Name:

 Name:
 CHIONG, LUIS REV
 Name:

 Address:
 4375 SW 96 AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33165
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 ORTIZ, JOEL J
 Name:
 FROMETA, MAGDIEL

 Address:
 10720 SW 63 ST
 Address:
 4470 NW 79 AVENUE. UNIT 1-D

City-St-Zip: MIAMI, FL 33173 City-St-Zip: DORAL, FL 33166

 Title:
 TD () Delete
 Title:
 TD (X) Change () Addition

 Name:
 RUIZ, JULIO C
 Name:
 RODRIGUEZ, LANOIJER

 Address:
 15837 SW 61 WAY
 Address:
 8023 SW 150 AVENUE, UNIT 1007

City-St-Zip: MIAMI, FL 33193 City-St-Zip: MIAMI, FL 33193

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: LUIS CHIONG PD 04/18/2008