

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005431

FILED
Apr 16, 2009
Secretary of State

Entity Name: MINISTERIO FUENTE DE VIDA INC.

Current Principal Place of Business:

8226 NW 14 ST.
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

4375 SW 96 AVE
MIAMI, FL 33165

New Mailing Address:

FEI Number: 36-3683869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, GENNIE
888 BRICKELL KEY DRIVE, UNIT 1210
MIAMI, FL 33131 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: CHIONG, LUIS REV
Address: 4375 SW 96 AVE
City-St-Zip: MIAMI, FL 33165

Title: SD () Delete
Name: FROMETA, MAGDIEL
Address: 4470 NW 79 AVENUE, UNIT 1-D
City-St-Zip: DORAL, FL 33166

Title: TD () Delete
Name: RODRIGUEZ, LANOIJER
Address: 8023 SW 150 AVENUE, UNIT 1007
City-St-Zip: MIAMI, FL 33193

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 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

04/16/2009

Electronic Signature of Signing Officer or Director

Date