## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000007040

City-St-Zip:

WESTON, FL 33326 US

FILED Aug 25, 2007 Secretary of State

Entity Name: MARIAN PRAYER GROUP. INC. **Current Principal Place of Business: New Principal Place of Business:** 5160 SW 19 STREET PLANTATION, FL 33317 US **Current Mailing Address: New Mailing Address:** 5160 SW 19 STREET PLANTATION, FL 33317 US FEI Number: 20-1468509 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARRIAS, MARIA CORAZON C 5160 SW 19 STREET PLANTATION, FL 33317 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BARRIAS, MARIA CORAZON C Name: Name: 5160 SW 19 STREET Address: Address: City-St-Zip: PLANTATION, FL 33317 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: ARTEZA, GLORIA Name: Address: 4831 NW 65 AVENUE Address: City-St-Zip: LAUDERHILL, FL 33319 US City-St-Zip: Title: DIR () Delete Title: SEC (X) Change ( ) Addition CAY, ANGIE RASAY, CALEB Name: Name: 9579 NW 53 STREET 619 BREAKERS AVENUE, APT. 5 Address: Address: City-St-Zip: SUNRISE, FL 33351 US City-St-Zip: FT. LAUDERDALE, FL 33304 US Title: DIR ( ) Delete Title: TRE (X) Change ( ) Addition Name: AUSTRIA, ALAN Name: AUSTRIA, ALAN 10301 SW 20 STREET Address: Address: 10301 SW 20 STREET City-St-Zip: DAVIE, FL 33324 US City-St-Zip: DAVIE, FL 33324 US Title: Title: () Delete () Change () Addition RANCHEZ, GERLYNDA Name: Name: 280 RACQUET CLUB ROAD, # 105 Address: Address:

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.

City-St-Zip:

SIGNATURE: MARIA CORAZON C BARRIAS DIR 08/25/2007