

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009094

FILED
Apr 18, 2006
Secretary of State

Entity Name: ENCUNTROS MINISTRIES INC.

Current Principal Place of Business:

13828 SW 112TH ST
SUITE 207
MIAMI, FL 33186 US

Current Mailing Address:

P.O. BOX 720515
MIAMI, FL 33172 US

New Principal Place of Business:

13820 SW 112TH ST
SUITE 207
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 43-2031737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARGAS-GARCIA, CAMILO JOSE
13820 SW 112TH ST
SUITE 207
MIAMI, FLORIDA, FL 33186 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: P/D () Delete
Name: VARGAS-GARCIA, CAMILO
Address: P.O. BOX 720515
City-St-Zip: MIAMI, FL 33172 US

Title: V/D () Delete
Name: VERA, LEYLA VERONICA
Address: P.O. BOX 720515
City-St-Zip: MIAMI, FL 33172 US

Title: T/S (X) Delete
Name: DIAZ, SAHIA
Address: P.O. BOX 720515
City-St-Zip: MIAMI, FL 33172 US

Title: D () Delete
Name: LOPEZ, FRANK
Address: P.O. BOX 720515
City-St-Zip: MIAMI, FL 33172

Title: D (X) Delete
Name: LINDELIE, ANITA
Address: P.O. BOX 720515
City-St-Zip: MIAMI, FL 33172

Title: D (X) Delete
Name: SOTO, CARLOS
Address: P.O. BOX 720515
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VDTS (X) Change () Addition
Name: VERA, LEYLA VERONICA
Address: P.O. BOX 720515
City-St-Zip: MIAMI, FL 33172 US

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 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: CAMILO V. GARCIA

P

04/18/2006

Electronic Signature of Signing Officer or Director

Date