2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N03000009094

Entity Name: ENCUENTROS MINISTRIES INC.

Current Principal Place of Business:

8187 NW 8 STREET
104
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 720515
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: 43-2031737 **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:

VARGAS GARCIA, CAMILO J
8187 NW 8 STREET
104
MIAMI, FL 33126 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 J
Address: P.O. BOX 720515
City-St-Zip: MIAMI, FL 33172 US

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

Title: V/D ( ) Delete
Name: SOLARI, ANIBAL D
Address: P.O. BOX 720515
City-St-Zip: MIAMI, FL 33172

Title: T/D ( ) Delete
Name: LLANOS, JOSE FRANCISCO
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: ( ) 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: CAMILOJ. VARGAS P/D 05/01/2009
Electronic Signature of Signing Officer or Director — Date