

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000009761

FILED
Nov 07, 2004
Secretary of State**Entity Name:** MARTHA RODRIGUEZ MINISTRIES, INC.**Current Principal Place of Business:**4080 NW 165 STREET
OPA-LOCKA, FL 33054**New Principal Place of Business:****Current Mailing Address:**4080 NW 165 STREET
OPA-LOCKA, FL 33054**New Mailing Address:****FEI Number:** 20-4091007 **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:**FABIO, HERBERT
4080 NW 165 STREET
OPA-LOCKA, FL 33054 US**Name and Address of New Registered Agent:**RODRIGUEZ, MARTHA
4080 NW 165 STREET
OPA-LOCKA, FL 33054 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: MARTHA RODRIGUEZ

11/07/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: RODRIGUEZ, MARTHA
Address: 19840 NW 43 CT
City-St-Zip: MIAMI, FL 33055**Title:** TD () Delete
Name: CABRERA, MARTHA
Address: 17901MNW 68 AVE #104
City-St-Zip: MIAMI, FL 33015**Title:** SD () Delete
Name: TRUJILLO, ANA
Address: 4310 NW 185 ST
City-St-Zip: CAROL CITY, FL 33055**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 for the exemption stated in Section 119.07(3)(i), 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: MARTHA RODRIGUEZ

PD

11/07/2004

Electronic Signature of Signing Officer or Director

Date