2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009944

FILED Jan 20, 2009 Secretary of State

Entity Name: MINISTERE DE LA PIERRE ANGULAIRE, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	V 6TH PLACE TION, FL 33325	US			
Current Mailing Address:			New Maili	New Mailing Address:	
	V 6TH PLACE TION, FL 33325	US			
El Number	r: 20-0488785	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired ()	
lame and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
	FARAH V 6TH PLACE TION, FL 33325	US			
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing i	ts registered office or registered agent, or both	
SIGNATU	RE:				
	Electroni	c Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
itle: lame: ddress: ity-St-Zip:	DP () PIERRE, FARAH 11651 NW 6TH I PLANTATION, FI	PLACE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
itle: lame: .ddress: city-St-Zip:	V () SAINTPREUX, N 81 NW 36 ST OAKLAND PARK		Title: Name: Address: City-St-Zip:	CP (X) Change () Addition SAINTPREUX, NAHUM 81 NW 36 ST OAKLAND PARK, FL 33309 US	
itle: lame:	CHARLES, CARI 3610 NW 33 AVI		Title: Name: Address: City-St-Zip:	() Change () Addition	
ddress: ity-St-Zip:			Title:	() Change () Addition	
	JOSEPH, RACHI 301 SOUTH GOI		Name: Address: City-St-Zip:		
ity-St-Zip: itle: ame: ddress:	JOSEPH, RACHI 301 SOUTH GOI PAMPANO BEAC	ELLE LF BLVD CH, FL 33064 US Delete PLACE	Name: Address:	TR (X) Change () Addition SAINTILUS, NATASHA 12021 NW 31 ST SUNRISE, FL 33323 US	

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: FARAH PIERRE DP 01/20/2009