2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007
Secretary of State

DOCUMENT# N03000010010

Entity Name: MINISTERIO INTERNACIONAL LA HORA DE GRACIA, INC

Current Principal Place of Business:

409 NW 10 STREET
HOMESTEAD, FL 33030

New Principal Place of Business:

9435 HATIAN DR
MIAMI, FL 33189

Current Mailing Address:

409 NW 10 STREET
HOMESTEAD, FL 33030

New Mailing Address:

9435 HATIAN DR
MIAMI, FL 33189

FEI Number: 80-0082224 **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:

LUIS, MARTINEZ L
968 NE 41 PLACE
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

OSCAR, LOPEZ J
9435 HATIAN DR
MIAMI, FL 33189 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: OSCAR LOPEZ 07/05/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LOPEZ, OSCAR J
Address: 409 NW 10 STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: VP ( ) Delete
Name: LUIS, MARTINEZ G
Address: 968 NE 41 PLACE
City-St-Zip: HOMESTEAD, FL 33033

Title: D (X) Delete
Name: PEDRO, COALLADO N
Address: 28915 LUISINA RD.
City-St-Zip: HOMESTEAD, FL 33033

Title: D (X) Delete
Name: VICENTE, MEJIA
Address: 409 NW 10 STREET
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LOPEZ, OSCAR J
Address: 9435 HATIAN DR
City-St-Zip: MIAMI, FL 33189

Title: VP (X) Change ( ) Addition
Name: VIANEY, OMARES
Address: 9435 HATIAN DR.
City-St-Zip: MIAMI, FL 33189

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: OSCAR LOPEZ PD 07/05/2007
Electronic Signature of Signing Officer or Director Date