

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 01, 2006
Secretary of State

DOCUMENT# N04000000508

Entity Name: MINISTERIO BERIT SHALOM, INC.**Current Principal Place of Business:**3748 N.W 80 ST
MIAMI, FL 33147**New Principal Place of Business:****Current Mailing Address:**3611 NW 101 ST
MIAMI, FL 33147**New Mailing Address:****FEI Number:** 04-3782746**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ESPINOZA, DONALD A
3611 NW 101 ST
MIAMI, FL 33147 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:** PRES () Delete
Name: ESPINOZA, DONALD PRESID
Address: 3611 NW 101 ST
City-St-Zip: MIAMI, FL 33147**Title:** VP () Delete
Name: KARPENKOPF, ANITA
Address: 590 EAST 65 ST
City-St-Zip: HIALEAH, FL 33012**Title:** SECR () Delete
Name: WALTEROS, LUIS D SECR
Address: 3611 NW 101 ST REAR
City-St-Zip: MIAMI, I 33147**Title:** TREA () Delete
Name: PASTEN, PATRICIA
Address: 7100 RUE GRANDVILLE # 409
City-St-Zip: MIAMI BEACH, FL 33141**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP (X) Change () Addition
Name: SEGURA, ARIEL
Address: 2325 NW 95 ST
City-St-Zip: MIAMI, FL 33147**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: DONALD ESPINOZA

PR

09/01/2006

Electronic Signature of Signing Officer or Director

Date