2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N04000002844

Entity Name: MINISTERIO ALIANZO CRISTIANA Y MISIONERA, INC.

Current Principal Place of Business:

4391 N.W. 167TH STREET
MIAMI GARDENS, FL 33055

New Principal Place of Business:

Current Mailing Address:

4391 N.W. 167TH STREET
MIAMI GARDENS, FL 33055

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORTES, JUAN
5558 NW 193 LANE
MIAMI GARDENS, FL 33055 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: CD ( ) Delete
Name: CORTES, JUAN
Address: 5558 NW 193 LANE
City-St-Zip: MIAMI GARDENS, FL 33055

Title: D ( ) Delete
Name: ROSADO, FREDESVINDA
Address: 4501 NW 207TH DRIVE
City-St-Zip: CAROL CITY, FL 33055

Title: D ( ) Delete
Name: COLON, VICTOR
Address: 4391 N.W. 167TH STREET
City-St-Zip: OPA LOCKA, FL 33055

Title: TSD ( ) Delete
Name: CORTES, JOAN MARIE
Address: 5558 NW 193 LANE
City-St-Zip: MIAMI GARDENS, 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:

Title: TSD (X) Change ( ) Addition
Name: CORTES, JOAN M
Address: 5558 NW 193 LANE
City-St-Zip: MIAMI GARDENS, FL 33055

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: JUAN CORTES MR 01/16/2009

Electronic Signature of Signing Officer or Director — Date