2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# N04000002998

Entity Name: MINISTERIO LUZ PARA LAS NACIONES, INC

Current Principal Place of Business:

1921 SW 9TH STREET
MIAMI, FL 33135 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 453454
MIAMI, FL 33245 US

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:

SALAZAR, GRACE
1921 SW 9TH STREET
MIAMI, FL 33135 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: DP ( ) Delete
Name: SALAZAR, GRACE DR.
Address: 1921 SW 9TH STREET
City-St-Zip: MIAMI, FL 33135 US

Title: D ( ) Delete
Name: RODRIGUEZ, NIVIA
Address: 2742 SW 28TH AVENUE
City-St-Zip: MIAMI, FL 33133 US

Title: D ( ) Delete
Name: NOVELO, NICK
Address: 4606 CEDAR SPRINGS #1133
City-St-Zip: DALLAS, TX 75219 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: NAVARRO, JOSE FORTUÑO
Address: 15065 SW 49 LANE
City-St-Zip: MIAMI, FL 33185 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: GUELL, FRANCISCO
Address: 15065 SW 49 LANE
City-St-Zip: MIAMI, FL 33185

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: GRACE SALAZAR DR 03/10/2009

Electronic Signature of Signing Officer or Director — Date