

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004482

FILED
Mar 29, 2007
Secretary of State

Entity Name: MINISTERIO DE LAS TINIEBLAS A LA LUZ INC.

Current Principal Place of Business:

7624 SW 58 LANE
137
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

7624 SW 58 LANE
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 20-1088130 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, WILLIAM
7624 SW 58 LANE
GAINESVILLE, FL 32608 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: PD () Delete
Name: RIVERA, WILLIAM
Address: 7624 SW 58 LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: VPDS () Delete
Name: VARGAS, MARIBEL
Address: 7624 SW 58 LANE
City-St-Zip: GAINESVILLE, FL 32608

Title: SEC () Delete
Name: SEMPRIT, CARMEN N
Address: 1134 D COBBLESTONE CIR
City-St-Zip: KISSIMMEE, FL 34744

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:

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: WILLIAM RIVERA

PD

03/29/2007

Electronic Signature of Signing Officer or Director

Date