

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 29, 2006  
Secretary of State**

DOCUMENT# N04000009500

Entity Name: MINISTERIO PROFETICO DE MUJER A MUJER INC.

**Current Principal Place of Business:**

13117 SW 95TH AVE  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 558731  
MIAMI, FL 33255

**New Mailing Address:**

P O BOX 560974  
MIAMI, FL 33256

FEI Number: 75-3170917

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LARACH, LORENA  
13117 SW 95TH AVE  
MIAMI, FL 33176 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: P ( ) Delete  
Name: LARACH, LORENA  
Address: 13117 SW 95TH AVE  
City-St-Zip: MIAMI, FL 33176

Title: V ( ) Delete  
Name: MULLER, GLORIA BEATRIZ  
Address: 13117 SW 95TH AVE  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: LORENA Y LARACH

P

03/29/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date