

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009757

FILED
Jul 09, 2007
Secretary of State

Entity Name: MINISTERIOS INTERNANCIONAL NUEVO HORIZONTE, INC

Current Principal Place of Business:

8250 NW S RIVER DR
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8250 NW S RIVER DR
MIAMI, FL 33166

New Mailing Address:

FEI Number: 27-0106687 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMPOS, DAVID
7840 W 30TH LANE
HIALEAH, FL 33018 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: CAMPOS, DAVID
Address: 7840 W 30TH LANE
City-St-Zip: HIALEAH, FL 33018

Title: SEC () Delete
Name: LOPEZ, EDUARDO
Address: 880 NE 207 TERR
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VP () Delete
Name: MITJANS, GEORGE E
Address: 18225 NW 73 AVE APT 306
City-St-Zip: HIALEAH, FL 33015

Title: T () Delete
Name: VOLQUEZ, SORAYA E
Address: 18942 NW 63 CT CIR
City-St-Zip: HIALEAH, FL 33015

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: () 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: DAVID CAMPOS

P.

07/09/2007

Electronic Signature of Signing Officer or Director

Date