2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# N04000010174

Entity Name: MINISTERIO INTERNACIONAL JESUS REINA, INC.

Current Principal Place of Business:

7660 N W 16 COURT
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

PO BOX 246301
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 20-1838661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BLANCO, MIRNA VP,D,S
7660 NW 16 COURT
PEMBROKE PINES, FL 33024 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,D ( ) Delete
Name: OSCAR, BLANCO P,D
Address: 7660 NW 16 COURT
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP,D ( ) Delete
Name: MIRNA, BLANCO VP,D,S
Address: 7660 NW 16 COURT
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete
Name: ESTHER, MATIAS D
Address: 12968 S W 151 LANE
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete
Name: WADE, HARRIET L D
Address: 17485 S W 31 COURT
City-St-Zip: MIRAMAR, FL 33029

Title: T,D ( ) Delete
Name: WADE, EARL R T,D
Address: 17485 SW 31 COURT
City-St-Zip: MIRAMAR, FL 33029

Title: D ( ) Delete
Name: OLGA, CHIONG
Address: 7660 NW 16 COURT
City-St-Zip: PEMBROKE PINES, FL 33024

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:

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: MIRNA BLANCO VP,D 03/28/2009

Electronic Signature of Signing Officer or Director — Date