2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N04000010699

Entity Name: MISIONEROS SIN FRONTERAS INC.

Current Principal Place of Business:

17971 BISCAYNE BLVD.
102
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

17971 BISCAYNE BLVD.
102
AVENTURA, FL 33160

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:

SANCHELIMA, JESUS
235 S.W. LE JEUNE ROAD
MIAMI, FL 33134 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,T ( ) Delete
Name: HERNANDEZ, LUIS A
Address: 17971 BISCAYNE BLVD., #102
City-St-Zip: AVENTURA, FL 33160

Title: VP ( ) Delete
Name: TERUEL, CRISTIAN
Address: 17971 BISCAYNE BLVD., #102
City-St-Zip: AVENTURA, FL 33160

Title: S ( ) Delete
Name: TERUEL, EUGENIA
Address: 17971 BISCAYNE BLVD., #102
City-St-Zip: AVENTURA, FL 33160

Title: T ( ) Delete
Name: HERNANDEZ, GISELA
Address: 17971 BISCAYNE BLVD., #102
City-St-Zip: AVENTURA, FL 33160

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: GISELA HERNANDEZ T 04/28/2009

Electronic Signature of Signing Officer or Director — Date