## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000005039

Entity Name: MINISTERIO INTERNACIONAL NOVA VIDA INC

FILED Jul 18, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

600 S. FEDERAL HWY 1015 WEST NEWPORT CENTER

201 105

DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33442

Current Mailing Address: New Mailing Address:

600 S. FEDERAL HWY
201
DEERFIELD BEACH, FL 33441
1015 WEST NEWPORT CENTER
105
DEERFIELD BEACH, FL 33442

FEI Number: 20-2848254 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: Name and Address of New Registered Agent:

CSG- CAPITAL SERVICES GROUP INC
822 SE 9TH ST
PALM PLAZA

CSG- CAPITAL SERVICES GROUP INC
446 W HILLSBORO BLVD
DEERFIELD BEACH, FL 33441 US

PALM PLAZA DEERFIELD BEACH, FL 33441 US

DEERFIELD BEACH, FL 33441 US

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: MARCOS REZENDE 07/18/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition Name: ROSA, NOE F ROSA, NOE F

 Name:
 ROSA, NOE F
 Name:
 ROSA, NOE F

 Address:
 22380 SANDS POINT DR
 Address:
 8375 DYNASTY DR

 City-St-Zip:
 BOCA RATON, FL 33433
 City-St-Zip:
 BOCA RATON, FL 33433

Title: DS () Delete Title: DS (X) Change () Addition Name: SOARES, SAMUEL S DE OLIVEIRA, JOAO B

Address: 1022 ALLMAN AVE Address: 1183 SE 2ND AVE
City-St-Zip: LEHIGH ACRESS, FL 33971 City-St-Zip: DEERFIELD BEACH, FL 33441

Title: DT () Delete Title: DT (X) Change () Addition

Name: CARVALHO, VÁLCI JR Name: OLIVEIRA, HÈBÉRT
Address: 91 MEADOW VIEW RD Address: 1113 ANZA AVE

City-St-Zip: OAK BLUFFS, MA 02557 City-St-Zip: LEHIGH ACRES, FL 33971

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: NOE F ROSA DP 07/18/2007