

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005103

FILED  
Mar 30, 2010  
Secretary of State

**Entity Name:** MINISTERIOS TRANSFORMADORES GLOBALES,INC

**Current Principal Place of Business:**

1068 W PAUL BOND DR  
E201  
NOGALES, AZ 85621 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6205  
NOGALES, AZ 85628

**New Mailing Address:**

7241 RICHMOND HEIGHTS DR.  
LAS VEGAS, NV 89128

**FEI Number:** 54-2173491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
A100  
TAMPA BAY, FL 33612 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  
Name: MAROQUIN, LUIS F  
Address: 389 E PATAGONIA HWY  
City-St-Zip: NOGALES, AZ 85621

Title: TD  
Name: MAROQUIN, CORINA C  
Address: 389 E PATAGONIA HWY  
City-St-Zip: NOGALES, AZ 85621

Title: SV  
Name: ESPINAL, EDWIN  
Address: 389 E PATAGONIA HWY  
City-St-Zip: NOGALES, AZ 85621

Title: C  
Name: SALAZAR, JOSE  
Address: 389 E PATAGONIA HWY  
City-St-Zip: NOGALES, AZ 85621

Title: M  
Name: TAPIA, BLAS  
Address: 389 E PATAGONIA HWY  
City-St-Zip: NOGALES, AZ 85621

I hereby 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 all other like empowered.

**SIGNATURE:** LUIS MARROQUIN

CEO

03/30/2010

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

\_\_\_\_\_  
Date