


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000011450


1. Entity Name
MOVIMIENTO INTERNACIONAL AMOR UNIDO EN CRISTO, INC.



Principal Place of Business Mailing Address

**1407 E 26TH AVENUE
TAMPA, FL 33605** **1407 E 26TH AVENUE
TAMPA, FL 33605**

DO NOT WRITE IN THIS SPACE



05102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4539015	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GUZMAN, HECTOR L
1404 E 26TH AVENUE
TAMPA, FL 33605**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARTINEZ, JOSE
STREET ADDRESS	1010 E. EMMA ST.
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	D
NAME	GUZMAN, JHIRMACK
STREET ADDRESS	1407 E. 26TH AVENUE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	D
NAME	MALDONADO, HECTOR
STREET ADDRESS	1407 E. 26TH AVENUE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000764259
05/30/07-80051-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hector L. Guzman* **HECTOR L. GUZMAN Pres.** Date: *5/10/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #