


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000011450

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



Principal Place of Business
**1407 E 26TH AVENUE
 TAMPA, FL 33605**

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

DO NOT WRITE IN THIS SPACE



04252008 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

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

00000930364
 05/21/08-80131-001 61.25

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

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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 Guzman Hecorh Guzman Jr. 4/24/08.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #