

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011945

FILED
Feb 03, 2007
Secretary of State

Entity Name: MINISTERIO INTERNACIONAL CASA DE LIBERACION CORPORATION, INC.

Current Principal Place of Business:

15529 SW 99 TERRACE
MIAMI, FL 33196

New Principal Place of Business:

Current Mailing Address:

15529 SW 99 TERRACE
MIAMI, FL 33196

New Mailing Address:

FEI Number: 20-4025150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTANEDA, EUSEBIA S
7555 SW 152 AVE APT 315
MIAMI, FL 33193 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 () Delete
Name: OVIEDO, ORLANDO
Address: 15529 SW 99 TERRACE
City-St-Zip: MIAMI, FL 33196

Title: V () Delete
Name: OVIEDO, MANUEL
Address: 15529 SW 99 TERRACE
City-St-Zip: MIAMI, FL 33196

Title: S () Delete
Name: PESTANA, DAISY
Address: 16144 SW 55 TERRACE
City-St-Zip: MIAMI, FL 33185

Title: T (X) Delete
Name: OVIEDO, EVELYN
Address: 15529 SW 99 TERRACE
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: OVIEDO, EVELYN
Address: 15529 S.W. 99 TERRACE
City-St-Zip: MAIMI, FL 33196

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: /S/ EVELYN OVIEDO

S

02/03/2007

Electronic Signature of Signing Officer or Director

Date