2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001477

Entity Name: MINISTERIO FAMILIA DE REY INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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899 GOLD COAST DRIVE 148 SOUTH INDUSTRIAL DRIVE DELTONA, FL 32725 SUITE 1 OFFICE SUITE 2 CHURCH

ORANGE CITY, FL 32763

Current Mailing Address: New Mailing Address:

899 GOLD COAST DRIVE DELTONA, FL 32725

FEI Number: 16-1748729 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RODRIGUEZ, JOSUE A 899 GOLD COAST DRIVE DELTONA, FL 32725 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:

Floatenia Gianatura of Deniatora d'Arrat

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

 Title:
 PTD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 RODRIGUEZ, JOSUE A
 Name:
 RODRIGUEZ, JOSUE A

 Address:
 899 GOLD COAST DRIVE
 Address:
 899 GOLD COAST DRIVE

 City-St-Zip:
 DELTONA, FL 32725
 DELTONA, FL 32725
 DELTONA, FL 32725

Title: VPD () Delete Title: () Change () Addition

 Name:
 RODRIGUEZ, JOSE A
 Name:

 Address:
 899 GOLD COAST DRIVE
 Address:

 City-St-Zip:
 DELTONA, FL 32725
 City-St-Zip:

Title: D () Delete Title: S (X) Change () Addition Name: RODRIGUEZ, MARITZA A Name: RODRIGUEZ, MARITZA A

Address: 899 GOLD COAST DRIVE Address: 899 GOLD COAST DRIVE City-St-Zip: DELTONA, FL 32725 City-St-Zip: DELTONA, FL 32725

Title: S () Delete Title: D (X) Change () Addition

 Name:
 CRUZ, JACQUELINE
 Name:
 CRUZ, JACQUELINE

 Address:
 1839 ODHAM DR.
 Address:
 1839 ODHAM DR.

 City-St-Zip:
 DELTONA, FL 32738
 City-St-Zip:
 DELTONA, FL 32738

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: JOSUE RODRIGUEZ PD 04/21/2009