

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002821

FILED
Apr 23, 2007
Secretary of State

Entity Name: MINISTERIO EVANGELISTICO Y DE AYUDA SOCIAL CIMSAP JEHOVAH JIREH, INC.

Current Principal Place of Business:

510 SW 11 AVE APT 4
MIAMI, FL 33130

New Principal Place of Business:

4350 W. HALLANDALE BEACH BLVD
PEMBROKE PARK, FL 33023

Current Mailing Address:

510 SW 11 AVE APT 4
MIAMI, FL 33130

New Mailing Address:

FEI Number: 68-0624979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, MARILYN
510 SW 11 AVE APT 4
MIAMI, FL 33130 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: RAMIREZ, MARILYN
Address: 510 SW 11 AVE APT 4
City-St-Zip: MIAMI, FL 33130

Title: T () Delete
Name: BLANCO, GENOVEVA
Address: 510 SW 11 AVE APT 4
City-St-Zip: MIAMI, FL 33130

Title: S () Delete
Name: GOMEZ, LILIANA
Address: 510 SW 11 AVE APT 4
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: GOMEZ, JOHN A
Address: 510 SW 11 AVE APT 4
City-St-Zip: MIAMI, FL 33130

Title: D () Delete
Name: MONTOYA, AURA
Address: 510 SW 11 AVE APT 4
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: ST (X) Change () Addition
Name: GOMEZ, JOHN A
Address: 510 SW 11 AVE APT 4
City-St-Zip: MIAMI, FL 33130

Title: SS (X) Change () Addition
Name: MONTOYA, AURA
Address: 510 SW 11 AVE APT 4
City-St-Zip: MIAMI, FL 33130

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: MARILYN RAMIREZ

P

04/23/2007

Electronic Signature of Signing Officer or Director

Date