

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002821

FILED  
Jan 13, 2008  
Secretary of State

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

**Current Principal Place of Business:**

4350 W. HALLANDALE BEACH BLVD  
PEMBROKE PARK, FL 33023

**New Principal Place of Business:**

4350 W. HALLANDALE BEACH BLVD  
201  
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: ST ( ) Delete  
Name: GOMEZ, JOHN A  
Address: 510 SW 11 AVE APT 4  
City-St-Zip: MIAMI, FL 33130

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

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

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: MARILYN RAMIREZ

P

01/13/2008

Electronic Signature of Signing Officer or Director

Date