

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003800

FILED
Jan 07, 2009
Secretary of State

Entity Name: TONY VALDES INTERNATIONAL MINISTRIES INC

Current Principal Place of Business:

2401 SW 105 AVE
MIAMI, FL 33165

New Principal Place of Business:

7266 SW 88TH STREET
APT A306
MIAMI, FL 33156

Current Mailing Address:

2401 SW 105 AVE
MIAMI, FL 33165

New Mailing Address:

7266 SW 88TH STREET
APT A306
MIAMI, FL 33156

FEI Number: 20-4649055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES, ANTHONY
2401 SW 105 AVE
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

VALDES, ANTHONY
7266 SW 88TH STREET
APT A306
MIAMI, FL 33156 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:

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VALDES, ANTHONY
Address: 2401 SW 105 AVE
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: VALDES, TONY CPA
Address: 2550 NW 72 AVE SUITE 111
City-St-Zip: MIAMI, FL 33122

Title: D (X) Delete
Name: RICE, BILL
Address: P.O.BOX 821867
City-St-Zip: S FLORIDA, FL 330821867

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VALDES, TONY
Address: 7266 SW 88TH STREET - APT A306
City-St-Zip: MIAMI, FL 33156

Title: D (X) Change () Addition
Name: VALDES, ANTONIO CPA
Address: 2550 NW 72 AVE SUITE 111
City-St-Zip: MIAMI, FL 33122

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: TONY VALDES

D

01/07/2009

Electronic Signature of Signing Officer or Director

Date