## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000007242

Entity Name: G. MALDONADO MINISTRIES, INC.

FILED Jan 15, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
CHITTANT Principal Place of Blicipace	New Principal Place of Kilsiness:

9353 SW 152ND AVE. 14100 SW 144 AVENUE MIAMI, FL 33196 MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

9353 SW 152ND AVE. 14100 SW 144 AVENUE MIAMI, FL 33196 MIAMI, FL 33186

FEI Number: 20-5212453 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:

MALDONADO, GUILLERMO
9353 SW 152ND AVE.
MIAMI, FL 33196 US

MALDONADO, GUILLERMO
14100 SW 144 AVENUE
MIAMI, FL 33186 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: 01/15/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 MALDONADO, GUILLERMO
 Name:
 MALDONADO, GUILLERMO

 Address:
 9353 SW 152ND AVE.
 Address:
 14100 SW 144 AVENUE

 City-St-Zip:
 MIAMI, FL 33196
 City-St-Zip:
 MIAMI, FL 33186

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: MALDONADO, ANA Name: MALDONADO, ANA

Address: 9353 SW 152ND AVE. Address: 14100 SW 144 AVENUE
City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33186

Title: TD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ACOSTA, CARLOS
 Name:

 Address:
 16362 SW 62ND TERR.
 Address:

 City-St-Zip:
 MIAMI, FL 33193
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 SEBAINE, RACHELLE
 Name:

 Address:
 30101 SW 147TH AVE.
 Address:

 City-St-Zip:
 MIAMI, FL 33033
 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: GUILLERMO MALDONADO PD 01/15/2008