

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009268

FILED
Aug 13, 2008
Secretary of State

Entity Name: THIRST AND HUNGER MINISTRIES, INC.

Current Principal Place of Business:

8650 SW 109TH AVE STE 222
MIAMI, FL 331473

New Principal Place of Business:

8860 S.W. 123 CT.
#201
MIAMI, FL 33186

Current Mailing Address:

8650 SW 109TH AVE STE 222
MIAMI, FL 331473

New Mailing Address:

8860 S.W. 123 CT.
#201
MIAMI, FL 33186

FEI Number: 20-5278646 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAFABURIE, CAROLINA
8650 SW 109TH AVE STE 222
MIAMI, FL 331473 US

Name and Address of New Registered Agent:

LAFABURIE, CAROLINA
8860 S.W. 123 CT.
#201
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: CAROLINA LAFABURIE

08/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LAFABURIE, CAROLINA
Address: 8650 SW 109TH AVE STE 222
City-St-Zip: MIAMI, FL 33147

Title: DV () Delete
Name: URIBE, DIEGO
Address: 3982 POINCIANA CLOSE RD
City-St-Zip: COCONUT GROVE, FL 33133

Title: DS () Delete
Name: MARTINEZ, ESPERANZA
Address: 15659 SW 73RD CIRCLE TERRACE #511
City-St-Zip: MIAMI, FL 33193

Title: DT () Delete
Name: MALDANADO, CARLOS
Address: 2410 BRICKELL AVE #107C
City-St-Zip: MIAMI, FL 33129

Title: D (X) Delete
Name: JIMENEZ, ADRIANA
Address: 7402 SW 125TH COURT
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LAFABURIE, CAROLINA
Address: 8860 S.W. 123 CT. #201
City-St-Zip: MIAMI, FL 33186

Title: DV (X) Change () Addition
Name: LIGIA, HERNANDEZ
Address: 8810 SW 123 CT. M 308
City-St-Zip: MIAMI, FL 33186

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: CAROLINA LAFABURIE

D

08/13/2008

Electronic Signature of Signing Officer or Director

Date