

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90076 042 \*\*\*\*61.25

<b>DOCUMENT # N06000009330</b> 1. Entity Name MISION INTERNACIONAL NUEVO PACTO INC.			
Principal Place of Business 3771 MILITARY TRAIL LAKE WORTH ROAD, FL 33463		Mailing Address 3771 MILITARY TRAIL LAKE WORTH ROAD, FL 33463	
2. Principal Place of Business - No P.O. Box # <b>#381 Cocoa Court</b> Suite, Apt. #, etc.		3. Mailing Address <b>#381 Cocoa Court</b> Suite, Apt. #, etc.	
City & State <b>Kissimmie Florida</b> Zip <b>34758</b> Country		City & State <b>Kissimmie Florida</b> Zip <b>34758</b> Country	
4. FEI Number <b>20-5500802</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LEBRON, JUSTO</b> <b>3771 MILITARY TRAIL</b> <b>LAKE WORTH, FL 33463</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>Signature typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating) DATE	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEBRON, JUSTO 3771 MILITARY TRAIL LAKE WORTH, FL 33463	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carr. #3 Int. 748 K.O Bo. Algarrobo Guayama PR 00785	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP Lourdes Santiago Carr. #3 Int. 748 K.O Bo. Algarrobo Guayama PR 00785	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ann Hardman Po Box 1512 Columbus GA 31902	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasure Freddy Diaz Garcia 51 Peppertree Ct Columbus GA 31909	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vocal Blas Ramirez 164 Sparrow Dr. Apt. 104 Royal Palm Beach Florida 33411	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date		Daytime Phone #	