## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000009330

FILED Apr 15, 2009 Secretary of State

Entity Name: MISION INTERNACIONAL NUEVO PACTO INC.

**Current Principal Place of Business:** New Principal Place of Business: #381 COCOA CT 900 W 49 ST KISSIMMEE, FL 34758 HIALEAH, FL 33012 **Current Mailing Address: New Mailing Address:** #381 COCOA CT 16358 NW 86 CT KISSIMMEE, FL 34758 MIAMI LAKE, FL 33016 FEI Number: 20-5500802 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: LEBRON, JUSTO LEBRON, JUSTO 3771 MILÍTARY TRAIL 16358 NW 86 CT LAKE WORTH, FL 33463 US MIAMI LAKE, FL 33016 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: 04/15/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete LEBRON, JUSTO LEBRON, JUSTO Name: Name: CARR #3 INT.748 KO BO ALGARRODO Address: 16358 NW 86 CT Address: City-St-Zip: GUAYAMA, PR 00785 City-St-Zip: MIAMI LAKE, FL 33016 Title: () Delete Title: (X) Change ( ) Addition SANTIAGO, LOURDES Name: SANTIAGO, LOURDES Name: Address: CARR #3 INT.748 KO BO ALGARRADO Address: PO BOX 1168 City-St-Zip: GUAYAMA, PR 00785 City-St-Zip: GUAYAMA, PR 00785 Title: () Delete Title: () Change () Addition HARDMAN, ANN Name: Name: Address: PO BOX 1512 Address: City-St-Zip: COLUMBUS, GA 31902 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: GARCIA, FREDDY D Name: 21 PEPPERTREE CT Address: Address: City-St-Zip: COLUMBUS, GA 31909 City-St-Zip: Title: () Delete Title: () Change () Addition RAMIREZ, BLAS Name: Name: 164 SPARROW DR APT 104 Address: Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 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: JUSTO LEBRON P 04/15/2009