

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011942

FILED
Apr 06, 2009
Secretary of State

Entity Name: MINISTERIO INTERNACIONAL SANIDAD Y VIDA, CORP

Current Principal Place of Business:

608 10TH STREET WEST
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

2316 4TH AVE EAST
PALMETTO, FL 34221

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIRALDA, VICTOR M
2316 4TH AVE EAST
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MIRALDA, VICTOR M
Address: 2316 4TH AVE EAST
City-St-Zip: PALMETTO, FL 34221

Title: V () Delete
Name: MEDINA, DOUGLAS
Address: 2312 4TH AVENUE EAST
City-St-Zip: PALMETTO, FL 34221

Title: S () Delete
Name: BALZA, JEROME
Address: 2416 7TH CT EAST
City-St-Zip: ELLENTON, FL 34222

Title: V T () Delete
Name: BALZA, KATHYA I
Address: 2416 7TH CT EAST
City-St-Zip: ELLENTON, FL 34222

Title: T () Delete
Name: MEDINA, CINDI
Address: 2312 4TH AVENUE EAST
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VICTOR MIRALDA

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date