2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# N06000012026

Entity Name: MINISTERIO EMMANUEL, INC.

Current Principal Place of Business:

3715 LOCKRIDGE DRIVE
LAND O LAKES, FL 34638

New Principal Place of Business:

Current Mailing Address:

3715 LOCKRIDGE DRIVE
LAND O LAKES, FL 34638

New Mailing Address:

FEI Number: 20-5912881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMIREZ, PORFIRIA
3308 W. PAXTON AVENUE
TAMPA, FL 33611 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:	TORRES, NYDIA	
Address:	3715 LOCKRIDGE DR.	
City-St-Zip:	LAND O LAKES, FL 34638	
Title:	VP	( ) Delete
Name:	RODRIGUEZ, ALBERTO	
Address:	3715 LOCKRIDGE DR.	
City-St-Zip:	LAND O LAKES, FL 34638	
Title:	S,T	( ) Delete
Name:	RAMIREZ, PORFIRIA	
Address:	3308 W. PAXTON AVE.	
City-St-Zip:	TAMPA, FL 33611	
Title:	D	( ) Delete
Name:	RAMIREZ, FERDINAND	
Address:	3308 W. PAXTON AVE.	
City-St-Zip:	TAMPA, FL 33611	
Title:	D	( ) Delete
Name:	RAMIREZ, PORFIRIA	
Address:	3308 W. PAXTON AVE.	
City-St-Zip:	TAMPA, FL 33611	
Title:	D	( ) Delete
Name:	TORRES, NYDIA	
Address:	3715 LOCKRIDGE DR.	
City-St-Zip:	LAND O LAKES, FL 34638	

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:	
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: ALBERTO RODRIGUEZ VP 04/27/2007
Electronic Signature of Signing Officer or Director — Date