

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90239 031 \*\*\*\*61.25

<b>DOCUMENT # N06000012026</b>					
<b>1. Entity Name</b> <b>MINISTERIO EMMANUEL, INC.</b>					
<b>Principal Place of Business</b> 3715 LOCKRIDGE DRIVE LAND O LAKES, FL 34638			<b>Mailing Address</b> 3715 LOCKRIDGE DRIVE LAND O LAKES, FL 34638		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-5912881	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  RAMIREZ, PORFIRIA 3308 W. PAXTON AVENUE TAMPA, FL 33611		<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____			
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> 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>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> TORRES, NYDIA 3715 LOCKRIDGE DR. LAND O LAKES, FL 34638	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP</b> RODRIGUEZ, ALBERTO 3715 LOCKRIDGE DR. LAND O LAKES, FL 34638	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S,T</b> RAMIREZ, PORFIRIA 3308 W. PAXTON AVE. TAMPA, FL 33611	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> RAMIREZ, FERDINAND 3308 W. PAXTON AVE. TAMPA, FL 33611	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> RAMIREZ, PORFIRIA 3308 W. PAXTON AVE. TAMPA, FL 33611	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> TORRES, NYDIA 3715 LOCKRIDGE DR. LAND O LAKES, FL 34638	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP, D</b> RODRIGUEZ, ALBERTO 3715 LOCKRIDGE DR. LAND O' LAKES, FL 34638	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP, D</b> RODRIGUEZ, ALBERTO 3715 LOCKRIDGE DR. LAND O' LAKES, FL 34638	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Alberto Rodriguez</u> <u>April 30, 2008</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# ATTACHMENT

2008 NOT-FOR PROFIT CORPORATION  
ANNUAL REPORT

40091220

## ADDITIONAL DIRECTORS

DOCUMENT #N06000012026  
MINISTERIO EMMANUEL, INC.  
3715 LOCKRIDGE DRIVE  
LAND O LAKES, FL 34638

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, ISMAEL 19606 BELLEHURST LOOP LAND O LAKES, FL 34638	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASTORA FELIX, AMELIA CALLE SANTO DOMINGO #27 HATO MAYOR DEL REY, DOMINICAN REPUBLIC	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SR. MATEO, ANGEL L. CALLE SANTO DOMINGO #27 HATO MAYOR DEL REY, DOMINICAN REPUBLIC	<input checked="" type="checkbox"/> Addition