

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012827

FILED
Apr 27, 2007
Secretary of State

Entity Name: MINISTERIO MAS QUE VENCEDORES, INC

Current Principal Place of Business:

17730 NW 67 AVE STE 507
MIAMI LAKES, FL 33015

New Principal Place of Business:

Current Mailing Address:

17730 NW 67 AVE STE 507
MIAMI LAKES, FL 33015

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:

MATOS, JULIAN
17730 NW 67 AVE STE 507
MIAMI LAKES, FL 33015 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: PD () Delete
Name: MATOS, JULIAN R
Address: 17730 NW 67 AVE STE 507
City-St-Zip: MIAMI LAKES, FL 33015

Title: V () Delete
Name: DURAN, ELIESER A
Address: 17730 NW 67 AVE STE 507
City-St-Zip: MIAMI LAKES, FL 33015

Title: S () Delete
Name: ROJAS, SERGIO
Address: 17730 NW 67 AVE STE 507
City-St-Zip: MIAMI LAKES, FL 33015

Title: T (X) Delete
Name: FABELO, OMAR
Address: 17730 NW 67 AVE STE 507
City-St-Zip: MIAMI LAKES, FL 33015

Title: D (X) Delete
Name: FLEMMINGS, ASTRID
Address: 17730 NW 67 AVE STE 507
City-St-Zip: MIAMI LAKES, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: FLEMMINGS, ASTRID D
Address: 17730 NW 67TH AVE STE # 507
City-St-Zip: MIAMI LAKES, FL 33015

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: JULIAN R MATOS

P

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date