

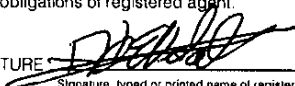
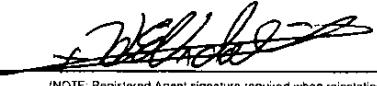
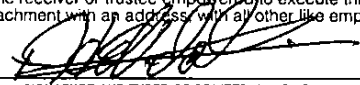


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90012 039 \*\*\*\*75.00

<b>DOCUMENT # N07000000409</b> 1. Entity Name <b>POWER AND WISDOM IN JESUS MINISTRIES, INC.</b>					
Principal Place of Business <b>9650 SW 17 ST. MIAMI, FL 33165</b>			Mailing Address <b>9650 SW 17 ST. MIAMI, FL 33165</b>		
2. Principal Place of Business - No P.O. Box # <b>9650 SW 17 ST</b>		3. Mailing Address <b>9650 SW 17 ST</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		05122008 Chg-NP CR2E037 (12/06)	
City & State <b>Miami, Florida</b>		City & State <b>Miami, Florida</b>		4. FEI Number <b>EIN = 20-8747734</b>	
Zip <b>33165</b>		Country <b>U.S.A</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>VIDAL, HUGO E 4721 NW 7TH ST. 304-12 MIAMI, FL 33126</b>			7. Name and Address of New Registered Agent  Name <b>Hugo E. VIDAL (SAME)</b> Street Address (P.O. Box Number is Not Acceptable) <b>4721 NW 7TH ST</b> <b>304-12</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33126</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.					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>05/10/08</b>	
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VIDAL, HUGO E</b> <b>9650 SW 17 ST.</b> <b>MIAMI, FL 33165</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VIDAL, Hugo E</b> <b>9650 SW 17 ST.</b> <b>Miami, FL 33165</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ALSINA, MARIA D</b> <b>4721 NW 7TH ST.</b> <b>MIAMI, FL 33126</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ALSINA, MARIA D</b> <b>4721 NW 7TH ST. 304-12</b> <b>Miami, FL 33126</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>COBLAN, MIMA</b> <b>132 NW 32 PL</b> <b>MIAMI, FL 33125</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COBLAN Mirna</b> <b>132 NW 32 PL</b> <b>Miami, FL 33125</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PERDOMO, MARIA C</b> <b>260 SW 49 AVE.</b> <b>MIAMI, FL 33134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MARIA C. PERDOMO</b> <b>250 SW 49 AVE.</b> <b>Miami, FL 33134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>05/10/08</b> <small>Daytime Phone #</small>			