## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000000854

**FILED** Apr 15, 2008 Secretary of State

Entity Name: MISION CARISMATICA INTERNACIONAL DE NAPLES, INC.

**Current Principal Place of Business:** New Principal Place of Business: 776 SAINT ANDREWS BLVD 3825 BECK BLVD NAPLES, FL 34113 721 NAPLES, FL 34114 **Current Mailing Address: New Mailing Address:** 776 SAINT ANDREWS BLVD NAPLES, FL 34113 FEI Number: 14-1992126 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAMIREZ, ALEX 776 SAINT ANDREWS BLVD NAPLES, FL 34113 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete RAMIREZ, ALEX RAMIREZ, ALEX Name: Name: 776 SAINT ANDREWS BLVD Address: 776 SAINT ANDREWS BLVD Address: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition RAMIREZ, NARDA Name: RAMIREZ, NARDA L Name: Address: 776 SAINT ANDREWS BLVD Address: 776 SAINT ANDREWS BLVD City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113 Title: () Delete Title: () Change () Addition GUERRERO, JESUS Name: Name: 1094 SAN REMO AVE Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition FRANCISCO, GLORIA I Name: Name: PEREZ PONCE, CRISTINA 1737 41ST ST SW #3 5221 CARLTON STREET Address: Address: City-St-Zip: NAPLES, FL 34116 City-St-Zip: NAPLES, FL 34113 Title: () Delete Title: ( ) Change (X) Addition RAMOS, HELENA B Name: Name: 4530 BOTANICAL PLACE CIRCLE. APTO 104 Address: Address: NAPLES, FL 34112 City-St-Zip: 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: NARDA L. RAMIREZ D 04/15/2008