

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000000954

**FILED**  
**Apr 10, 2008**  
**Secretary of State**

**Entity Name:** MINISTERIO INTERNACIONAL HECHOS APOSTOLICOS, INC.

**Current Principal Place of Business:**

1007 NW 6TH PLACE  
CAPE CORAL, FL 33993

**New Principal Place of Business:**

**Current Mailing Address:**

308 FAIRVIEW AVE  
FT MYERS, FL 33905

**New Mailing Address:**

**FEI Number:** 06-1802542      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARRA, WILLIAM  
308 FAIRVIEW AVE  
FT MYERS, FL 33905      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: D      ( ) Delete  
Name: PARRA, WILLIAM  
Address: 308 FAIRVIEW AVE  
City-St-Zip: FT MYERS, FL 33905

Title: S      ( ) Delete  
Name: PARRA, RUBIELA S  
Address: 308 FAIRVIEW AVE  
City-St-Zip: FT MYERS, FL 33905

Title: D      ( ) Delete  
Name: CRESPO, WILLIAM  
Address: 2209 SE 14 TERR  
City-St-Zip: CAPE CORAL, FL 33990

**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:

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: WILLIAM PARRA

D

04/10/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date