

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002836

FILED
Feb 15, 2008
Secretary of State

Entity Name: NEW LIFE RESCUE MISSION INTERNATIONAL, INC.

Current Principal Place of Business:

10935 SW 69TH DRIVE
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

10935 SW 69TH DRIVE
MIAMI, FL 33173

New Mailing Address:

FEI Number: 83-0477302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALONSO, LOURDES
10935 SW 69TH DRIVE
MIAMI, FL 33173 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: P () Delete
Name: ALONSO, LOURDES
Address: 10935 SW 69TH DRIVE
City-St-Zip: MIAMI, FL 33173

Title: VP () Delete
Name: NASCIMENTO, GILDASIO
Address: 8432 NW 107TH COURT, UNIT 6
City-St-Zip: MIAMI, FL 33178

Title: T () Delete
Name: JACOBO, NURTH E
Address: 18060 SW 11TH COURT
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S () Delete
Name: BAROODY, DINORAH C
Address: 13264 NW 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

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:

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: LOURDES ALONSO

DIR

02/15/2008

Electronic Signature of Signing Officer or Director

Date