2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002963

Entity Name: JESUS ES AMOR, INC.

FILED May 05, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

Current Mailing Address: New Mailing Address:

FEI Number: 20-8738260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CONSULTING SERVICES OF SOUTH FLORIDA, INC. CABRERA, CARLOS PD 2121 PONCE DE LEON BLVD SUITE 1050 CABRERA, CARLOS PD 1518 NW 33 PLACE

CORAL GABLES, FL 33134 US CAPE CORAL, FL 33993 US

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: CARLOS CABRERA 05/05/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 CABRERA, CARLOS
 Name:
 CABRERA, CARLOS

 Address:
 1001 SE 15TH ST
 Address:
 1518 NW 33 PLACE

 City-St-Zip:
 CAPE CORAL, FL 33993
 City-St-Zip:
 CAPE CORAL, FL 33993

Title: SD () Delete Title: () Change () Addition

 Name:
 AMADOR, MARTHA
 Name:

 Address:
 3230 W 13TH AVE
 Address:

 City-St-Zip:
 HIALEAH, FL 33012
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 ZAMOSA, ANNA
 Name:

 Address:
 1302 SE 23RD TERR
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33990
 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: MARTHA AMADOR SD 05/05/2008