2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003099

Entity Name: GOD OF MIRACLES, INC.

FILED Apr 16, 2009 Secretary of State

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

6470 SW 9TH PLACE 6470 SW 9TH PL

NORTH LAUDERDALE, FL 33068 NORTH LAUDERDALE, FL 33068

Current Mailing Address: New Mailing Address:

6470 SW 9TH PLACE 6470 SW 9TH PL

NORTH LAUDERDALE, FL 33068 NORTH LAUDERDALE, FL 33068

FEI Number: 65-1299839 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MONTALVAN, SABI BLANCO
6470 SW 9TH PLACE
MONTALVAN, RICARDO
6470 SW 9TH PLACE

NORTH LAUDERDALE, FL 33068 US NORTH LAUDERDALE, FL 33068 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: RICARDO MONTALVAN 04/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 MONTALVAN, RICARDO
 Name:

 Address:
 6470 SW 9TH PLACE
 Address:

 City-St-Zip:
 NORTH LAUDERDALE, FL 33068
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 MONTALVAN, SABI
 Name:

 Address:
 6470 SW 9TH PLACE
 Address:

 City-St-Zip:
 NORTH LAUDERDALE, FL 33068
 City-St-Zip:

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

 Name:
 MONTALVAN, SABI
 Name:

 Address:
 6470 SW 9TH PLACE
 Address:

 City-St-Zip:
 NORTH LAUDERDALE, FL 33068
 City-St-Zip:

 $\label{eq:time_def} \mbox{Title:} \qquad \mbox{D} \qquad \mbox{(X) Delete} \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$

 Name:
 MONTALVAN, RICARDO
 Name:

 Address:
 6470 SW 9TH PLACE
 Address:

 City-St-Zip:
 NORTH LAUDERDALE, FL 33068
 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: RICARDO MONTALVAN P 04/16/2009