

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006449

FILED  
May 12, 2010  
Secretary of State

**Entity Name:** MINISTERIO FUENTE DE AMOR, INC

**Current Principal Place of Business:**

2635 NW 36TH ST.  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

1180 NE 177 TERR  
N. MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 14-2006054      **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:**

CORRALIZA, LUIS F  
1180 NE 177 TERR.  
N. MIAMI BCH, FL 33162      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CORRALIZA, LUIS F  
Address: 1180 NE 177 TERR.  
City-St-Zip: N. MIAMI BCH, FL 33162

Title: D  
Name: CORRALIZA, CARMEN  
Address: 1180 NE 177 TERR.  
City-St-Zip: N. MIAMI BCH, FL 33162

Title: D  
Name: MENDES, NANCY  
Address: 1350 NE 128 ST,  
City-St-Zip: MIAMI, FL 33161

Title: D  
Name: GONZALES, NORMA  
Address: 1461 NW 50TH ST.  
City-St-Zip: MIAMI, FL 33142

Title: D  
Name: ORTEGA, MARIBEL  
Address: 250 NW 40TH AVE.  
City-St-Zip: MIAMI, FL 33126

I hereby 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 all other like empowered.

SIGNATURE: LUIS F CORRALIZA

DIRE

05/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date