2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

8/28/2008-90001-017-$61.25-$61.25

DOCUMENT # N07000006718

1. Entity Name

MINISTERO INTERNACIONAL LNJ SINLIMITES INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 18 PM 1:55

Principal Place of Business	Mailing Address
4925 OLD PLEASANT HILL RD KISSIMMEE FL 34759	4925 OLD PLEASANT HILL RD KISSIMMEE FL 34759

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4925 Old Plsan Hill Rd	4925 Old Plsant Hill Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee FL	City & State: Kissimmee FL
Zip: 34759 Country: USA	Zip: 34759 Country: USA

2nd MOORE CR2E037 (4/08)

4. FEI Number 26-0670513 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENDEZ, FEDERCIO REV DR
1110 NORMANDY DR
KISSIMMEE FL 34759

7. Name and Address of New Registered Agent

Name: Rev. Dr. Federico Mendez

Street Address (P.O. Box Number is Not Acceptable): 1110 Normandy Dr.

City: Kissimmee FL Zip Code: 34759

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] Federico Mendez 8-24-08

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By September 3, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: PEREZ, ORLANDO REV DR STREET ADDRESS: 2602 MAGGIORE CIR CITY-ST-ZIP: KISSIMMEE FL 34746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VD NAME: PEREZ, JONATHAN REV STREET ADDRESS: 3094 EAGLE CROSSING DR CITY-ST-ZIP: KISSIMMEE FL 34746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: S NAME: MENDEZ, FEDERICO REV DR STREET ADDRESS: 1110 NORMANDY DR CITY-ST-ZIP: KISSIMMEE FL 34759	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: TD NAME: MENDEZ, FEDERICO REV DR STREET ADDRESS: 1110 NORMANDY DR CITY-ST-ZIP: KISSIMMEE FL 34759	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

B 9/19/08

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] M.D. Dr. Federico Mendez 407-343-1414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 8-24-08 — Daytime Phone #