

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP 18 PM 1:55



2nd MOORE CR2E037 (4/08)

<b>DOCUMENT # N07000006718</b> 1. Entity Name <b>MINISTERO INTERNACIONAL LNJ SINLIMITES INC.</b>			
Principal Place of Business 4925 OLD PLEASANT HILL RD KISSIMMEE FL 34759		Mailing Address 4925 OLD PLEASANT HILL RD KISSIMMEE FL 34759	
2. Principal Place of Business - No P.O. Box # <i>4925 Old Pleasant Hill Rd</i>		3. Mailing Address <i>4925 Old Pleasant Hill Rd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Kissimmee FL</i>		City & State <i>Kissimmee FL</i>	
Zip <i>34759</i>		Zip <i>34759</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number <i>26-0670513</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MELENDEZ, FEDERICO REV DR</b> 1110 NORMANDY DR KISSIMMEE FL 34759		7. Name and Address of New Registered Agent Name <i>Rev. Dr. Federico Mendez</i> Street Address (P.O. Box Number is Not Acceptable) <i>1110 Normandy Dr.</i> City <i>Kissimmee</i> <b>FL</b> Zip Code <i>34759</i>	
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 <i>Federico Mendez</i>		DATE <i>8-24-08</i>	
FILE NOW: FEE IS \$61.25 Due By September 3, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, ORLANDO REV DR 2602 MAGGIORE CIR KISSIMMEE FL 34746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEREZ, JONATHAN REV 3094 EAGLE CROSSING DR KISSIMMEE FL 34746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MENDEZ, FEDERICO REV DR 1110 NORMANDY DR KISSIMMEE FL 34759	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MENDEZ, FEDERICO REV DR 1110 NORMANDY DR KISSIMMEE FL 34759	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Federico Mendez</i>		DATE: <i>8-24-08</i>	