

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008090

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: RUACH HA KODESH APOSTOLIC MINISTRIES, INC.

## Current Principal Place of Business:

4400 WEST HILLSBORO BLVD.  
SUITE # 2  
COCONUT CREEK, FL 33073

## New Principal Place of Business:

## Current Mailing Address:

3400 W. HILLSBORO BLVD.  
#104  
COCONUT CREEK, FL 33073

## New Mailing Address:

3370 BEAU RIVAGE DR  
E-1  
POMPANO BEACH, FL 33064

FEI Number: 26-0748793

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NETO, JOAO  
777 S. FEDERAL HWY RP 109  
POMPANO, FL 33062 US

## Name and Address of New Registered Agent:

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: P ( ) Delete  
Name: DESA, MARCELO  
Address: 3400 W. HILLSBORO BLVD. #104  
City-St-Zip: COCONUT CREEK, FL 33073

Title: V ( ) Delete  
Name: OLIVEIRA DESA, PRISCILA  
Address: 3400 W. HILLSBORO BLVD. #104  
City-St-Zip: COCONUT CREEK, FL 33073

Title: S ( ) Delete  
Name: NETO, JOAO  
Address: 777 S. FEDERAL HWY  
City-St-Zip: POMPANO BEACH, FL 33073

Title: T ( ) Delete  
Name: NETO, HEIDI  
Address: 777 S. FEDERAL HWY  
City-St-Zip: POMPANO BEACH, FL 33062

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DESA, MARCELO  
Address: 3370 BEAU RIVAGE DR E-1  
City-St-Zip: POMPANO BEACH, FL 33064

Title: V (X) Change ( ) Addition  
Name: OLIVEIRA DESA, PRISCILA  
Address: 3370 BEAU RIVAGE DR E-1  
City-St-Zip: POMPANO BEACH, FL 33064

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MARCELO PEREIRA DE SA

P.

02/02/2009

Electronic Signature of Signing Officer or Director

Date