

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008582

FILED
Jun 11, 2008
Secretary of State

Entity Name: LIBERATING HANDCUFF SOULS MINISTRIES, INC.

Current Principal Place of Business:

5900 CAMINO DEL SOL #200
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

5900 CAMINO DEL SOL #200
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 26-0829816 **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:

RUIZ, FELIX ANTONIO
5900 CAMINO DEL SOL #200
BOCA RATON, FL 33433 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: PD () Delete
Name: RUIZ, FELIX ANTONIO
Address: 5900 CAMINO DEL SOL #200
City-St-Zip: BOCA RATON, FL 33433

Title: VPD (X) Delete
Name: COSTA SILVA, JOSE SILVIO
Address: 18220 181 CIR S
City-St-Zip: BOCA RATON, FL 33498

Title: T () Delete
Name: SEGANTINE, JAIME LUIZ
Address: 1002 GROVE PARK CIR
City-St-Zip: BOCA RATON, FL 33436

Title: SD () Delete
Name: RODZKO, GENIE
Address: 1246 S MILITARY TRAIL #624
City-St-Zip: DEERFIELD BCH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOSE SILVIO COSTA SILVA

VPD

06/11/2008

Electronic Signature of Signing Officer or Director

Date