

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008871

FILED
Mar 20, 2009
Secretary of State

Entity Name: MINISTERIO INTERNACIONAL ATREVETE A SER TU, INC.

Current Principal Place of Business:

3483 TORREMOLINOS AVE
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

3483 TORREMOLINOS AVE
DORAL, FL 33178

New Mailing Address:

FEI Number: 26-0666381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, NICOLAS O
3483 TORREMOLINOS AVE
DORAL, FL 33178 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: DIAZ, NICOLAS O
Address: 3483 TORREMOLINOS AVE
City-St-Zip: DORAL, FL 33178

Title: VD () Delete
Name: MICHELEN-DIAZ, JORGINA
Address: 3483 TORREMOLINOS AVE
City-St-Zip: DORAL, FL 33178

Title: TD () Delete
Name: FLORES, ELENA
Address: 9601 SW 142 AVE APT 1403
City-St-Zip: MIAMI, FL 33186

Title: DS () Delete
Name: FLORES, PEDRO
Address: 9601 SW 142 AVE APT 1403
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: YEPEZ, HUMBERTO
Address: 9709 COSTA DEL SOL BLVD
City-St-Zip: DORAL, FL 33178

Title: D () Delete
Name: YEPEZ, DESIREE
Address: 9709 COSTA DEL SOL BLVD
City-St-Zip: DORAL, FL 33178

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:

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: NICOLAS O. DIAZ

PD

03/20/2009

Electronic Signature of Signing Officer or Director

Date