## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000011297

Apr 17, 2008 Secretary of State

Entity Name: MINISTERIO INTERNACIONAL MACEDONIA INC

**Current Principal Place of Business: New Principal Place of Business:** 5580 NW 201 STREET MIAMI GARDENS, FL 33055 **Current Mailing Address: New Mailing Address:** 5580 NW 201 STREET MIAMI GARDENS, FL 33055 FEI Number: 65-0938220 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALVAREZ, NERIO 5580 NW 201 STREET MIAMI GARDENS, FL 33055 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ALVAREZ, NERIO Name: Name: 5580 NW 201 STREET Address: Address: City-St-Zip: MIAMI GARDENS, FL 33055 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: PEREZ, REINALDO Name: ARTEAGA, GUILLERMO Address: 8060 WEST 28 CT UNIT 205 Address: 7401 WEST 22 AVENUE City-St-Zip: HIALEAH, FL 33018 City-St-Zip: HIALEAH, FL 33016 Title: () Delete Title: () Change () Addition MELENDEZ, JOSE Name: Name: 5580 NW 201 STREET Address: Address: City-St-Zip: MIAMI GARDENS, FL 33055 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: PEREZ, RUDY A Name: PEREZ, ANDRES A 9409 NW FONTAINEBLEAU BLVD NO 414 Address: 6797 SW 15 STREET Address: City-St-Zip: MIAMI, FL 33144 City-St-Zip: MIAMI, FL 33172

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: NERIO ALVAREZ Ρ 04/17/2008