

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012223

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: MINISTERIO PROFETICO RESURRECCION, INC

## Current Principal Place of Business:

1801 COLLINS AVE  
632  
MIAMI BEACH, FL 33139 US

## Current Mailing Address:

P.O. BOX 402008  
MIAMI BEACH, FL 33140 US

## New Principal Place of Business:

4045 SHERIDAN AVE  
353  
MIAMI BEACH, FL 33140 US

## New Mailing Address:

4045 SHERIDAN AVE  
353  
MIAMI BEACH, FL 33140 US

FEI Number: 26-2601512

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOSA, ROBERTO T  
1801 COLLINS AVE  
632  
MIAMI BEACH, FL 33139 US

## Name and Address of New Registered Agent:

SOSA, ROBERTO T  
4045 SHERIDAN AVE  
353  
MIAMI BEACH, FL 33140 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:

04/20/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SOSA, ROBERTO T  
Address: 801 COLLINS AVE SUITE 632  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VP ( ) Delete  
Name: PAULINO, FRANCISCA  
Address: 1801 COLLINS AVE SUITE 632  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: P ( ) Delete  
Name: SOSA, ROBERTO T  
Address: 4045 SHERIDAN AVENUE UNIT # 353  
City-St-Zip: MIAMI BEACH, FL 33140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SOSA, ROBERTO T  
Address: 4045 SHERIDAN AVE  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP (X) Change ( ) Addition  
Name: PAULINO, FRANCISCA  
Address: 4045 SHERIDAN AVE  
City-St-Zip: MIAMI BEACH, FL 33140 US

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: ROBERTO SOSA

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date