

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001094

FILED
Apr 10, 2009
Secretary of State

Entity Name: MINISTERIO APOSTOLICO PROFETICO SANADO LAS NACIONES, INC

Current Principal Place of Business:

45 NW 109 AV
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

45 NW 109 AV
MIAMI, FL 33172

New Mailing Address:

FEI Number: 26-4644420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOMEZ, OSCAR G
45 NW 109 AV
MIAMI, FL 33172 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: GOMEZ, OSCAR G
Address: 45 NW 109 AV
City-St-Zip: MIAMI, FL 33172

Title: VPAD () Delete
Name: PERNAS, AMELIA
Address: 45 NW 109 AV
City-St-Zip: MIAMI, FL 33172

Title: SD () Delete
Name: GLANNITELLI, SARA
Address: 45 NW 109 AV
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: PERNAS, AMELIA
Address: 45 NW 109 AV
City-St-Zip: MIAMI, FL 33172

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: OSCAR G. GOMEZ

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date