

NO8000002955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

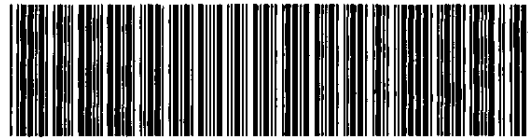
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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R.A. Charge
C.COULLIETTE

NOV 19 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MINISTERIO INTERNATIONAL NUEVAS FUERZAS
Name of Corporation

DOCUMENT NUMBER: N08000002955

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA COROMINAS
Name of Contact Person

DIRECTOR
Firm/Company

15160 SW 136 ST, UNIT# 3
Address

MIAMI, FL. 33196
City/State and Zip Code

nuevasfuerzas.mc@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA COROMINAS at (786) 523 5658
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2010

MARIA COROMINAS
15160 SW 136 ST
UNIT 3
MIAMI, FL 33196

SUBJECT: MINISTERIO INTERNATIONAL NUEVAS FUERZAS, INC.
Ref. Number: N08000002955

We have received your document for MINISTERIO INTERNATIONAL NUEVAS FUERZAS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The current registered agent must be shown in number 5.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 110A00025967

RECEIVED
NOV 19 AM 11:39
TALLAHASSEE
DIVISION OF CORPORATIONS
STATE OF FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ministerio International Nuevas Fuerzas
Name of Corporation

DOCUMENT NUMBER: N08000002955

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Corominas
Name of Contact Person

President
Firm/Company

15160 sw 136 st #02 and 03
Address

Miami, Florida, 33196
City/State and Zip Code

mcorominas@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Corominas at (786) 523-5658
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ministerio International Nuevas Fuerzas
2. The principal office address: 15160 sw 136 st Unit#02 and 03
Miami, Florida , 33196
3. The mailing address (if different): _____
4. Date of incorporation/qualification: march 24, 2008 Document number: N08000002955
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

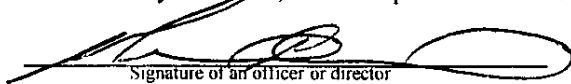
Maria Corominas
16300 sw 137 ave #113
MIAMI, FLORIDA 33196

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Maria Corominas
15160 sw 136 st #02 and 03
P.O. Box NOT acceptable
Miami, Florida 33196

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Maria Corominas
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

11-16-2010
Date

If signing on behalf of an entity:

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)