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COVER LETTER

Division of Corporations SUBJECT: MINISTERIO INTERNATIONAL NUEVAS FUERZAS INC. Name of Corporation N08000002955 **DOCUMENT NUMBER:** 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 MINISTERIO INTERNATIONAL NUEVAS FUERZAS Firm/Company 14335 SW 120 ST.#104 Address MIAMI, FLORIDA 33186 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 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address:

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

Amendment Section

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

Region of the

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of FLORIDA r to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: MINISTERIO INTERNATIONAL NUEVAS FUERZAS, INC office address: 15160 SW 136 ST. UNIT# 02 &03 MIAMI, FLORIDA 33196
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 03/24/2008 Document number: N08000002955
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
•	MARIA COROMINAS
	14335 SW 120 ST. #104
	MIAMI, FLORIDA 33186
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office.
	14335 SW 120 ST. #104
	P.O. Box NOT acceptable MIAMI, FLORIDA 33186
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Signatur	MARIA COROMINAS, PRESIDENT Printed or typed name and title
ŭ	the appointmen! as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
<u>Elan</u>	ature of Registered Agent Date
If signing on bel	
Ту	ped 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)