2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004320

FILED Jan 10, 2009 Secretary of State

Entity Name: MINISTERIO INTERNACIONAL EL PODER DE LA ORACION INC

Current Principal Place of Business: New Principal Place of Business:

12100 SW 218 ST MIAMI, FL 33170

Current Mailing Address: New Mailing Address:

12100 SW 218 ST MIAMI, FL 33170

FEI Number: 26-2610489 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:

PINEDA, NEISYLIS M 12100 SW 218 ST MIAMI, FL 33170 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:

PTDS () Delete Title: PD (X) Change () Addition

 Name:
 PINEDA, NEISYLIS M
 Name:
 PINEDA, NEISYLIS M

 Address:
 12100 SW 218 ST
 Address:
 12100 SW 218 ST

 City-St-Zip:
 MIAMI, FL 33170
 City-St-Zip:
 MIAMI, FL 33170

Title: VPTD () Delete Title: VD (X) Change () Addition Name: PINEDA, OMAR G PINEDA, OMAR G

Address: 10045 SW 170 TER Address: 10045 SW 170 TER City-St-Zip: MIAMI, FL 33170 City-St-Zip: MIAMI, FL 33170

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 BURGOS, WILLIAM
 Name:
 SANCHEZ, SHANI

 Address:
 10045 SW 170 TER
 Address:
 11832 SW 207 STREET

 City-St-Zip:
 MIAMI, FL 33170
 City-St-Zip:
 MIAMI, FL 33177

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 PINEDA, HEIDY J

 Address:
 Address:
 12100 SW 207 STREET

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33170

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: NEISYLYS M PINEDA PD 01/10/2009