

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008869

FILED  
Jul 01, 2009  
Secretary of State

**Entity Name:** MANOS DE AMOR MINISTERIO INTERNACIONAL, INC.

**Current Principal Place of Business:**

7801 MADEIRA STREET  
MIRAMAR, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

7801 MADEIRA STREET  
MIRAMAR, FL 33023

**New Mailing Address:**

**FEI Number:** 26-2987172      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

M&L ENTERPRISES ACCOUNTING & MORE  
16969 N.W. 67TH AVENUE  
SUITE 201  
HIALEAH, FL 33015 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:**

Title: P ( ) Delete  
Name: CASTANO, MARINA  
Address: 7801 MADEIRA STREET  
City-St-Zip: MIRAMAR, FL 33023

Title: VP ( ) Delete  
Name: VARGAS, ALIRIO  
Address: 7801 NW MADEIRA STREET  
City-St-Zip: MIRAMAR, FL 33023

Title: SEC ( ) Delete  
Name: VARGAS, OLGA  
Address: 7801 MADEIRA STREET  
City-St-Zip: MIRAMAR, FL 33023

Title: TSR ( ) Delete  
Name: VARGAS, LIGIA  
Address: 7801 MADEIRA STREET  
City-St-Zip: MIRAMAR, FL 33023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: MARINA CASTANO

P

07/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date