

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010316

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: BREAD OF LIFE MINISTRY, INC.

## Current Principal Place of Business:

5700 SW 127 AVENUE #1212  
MIAMI, FL 33183

## New Principal Place of Business:

5700 SW 127 AVENUE  
#1212  
MIAMI, FL 33183

## Current Mailing Address:

5700 SW 127 AVENUE #1212  
MIAMI, FL 33183

## New Mailing Address:

5700 SW 127 AVENUE  
#1212  
MIAMI, FL 33183

FEI Number: 90-0425847

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NICOLETTO, DAVID  
5700 SW 127 AVENUE #1212  
MIAMI, FL 33183 US

## Name and Address of New Registered Agent:

NICOLETTO, DAVID  
5700 SW 127 AVENUE  
#1212  
MIAMI, FL 33183 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:

02/24/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GARCIA, CARLOS A  
Address: 3545 NE 166 STREET, APT #510  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: V ( ) Delete  
Name: SIEBENALER, BRENDA  
Address: 2500 PARKVIEW DRIVE #1009  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: T ( ) Delete  
Name: COMAS, JORGE  
Address: 12821 SW 47 TERRACE  
City-St-Zip: MIAMI, FL 33175

## 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:

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: CARLOS A. GARCIA

P

02/24/2009

Electronic Signature of Signing Officer or Director

Date