## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N10000009391

FILED Apr 06, 2011 Secretary of State

Entity Name: SILVIA IVELISSE MINISTRIES, INC.

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

6940 NW 179 ST, UNIT 406 6940 NW 179 STREET MIAMI, FL 33015

**UNIT 406** 

MIAMI, FL 33015

**Current Mailing Address: New Mailing Address:** 

6940 NW 179 ST, UNIT 406 6940 NW 179 ST. MIAMI, FL 33015

**UNIT 406** 

MIAMI, FL 33015

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

PEREZ, SILVIA I PEREZ, SILVIA I 6940 NW 179 ST, UNIT 406 6940 NW 179 STREET MIAMI, FL 33015 UNIT 406

MIAMI, 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.

04/06/2011 SIGNATURE: SILVIA IVELISSE PEREZ

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

PEREZ, SILVIA I Name:

Address: 6940 NW 179 ST, UNIT 406

City-St-Zip: MIAMI, FL 33015

Title: CEO

Name: PEREZ, CARLOS M Address: 6940 NW 179 ST. UNIT 406

City-St-Zip: MIAMI, FL 33015

Title:

ANDERSON, MARIA ELENA Name: Address: 110 NE 171 STREET

City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title:

Name: AGRAMONTE, DIANA B 18101 NW 68 AVE, UNIT C205 Address:

City-St-Zip: MIAMI, FL 33015

I hereby 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 all other like empowered.

SIGNATURE: SILVIA IVELISSE PEREZ Ρ 04/06/2011