

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001360

FILED  
Mar 22, 2012  
Secretary of State

**Entity Name:** MINISTERIO INTERNACIONAL EL BUEN SAMARITANO, INC.

**Current Principal Place of Business:**

12515 SW 7 PL  
DAVIE, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 551387  
FORT LAUDERDALE, FL 33355

**New Mailing Address:**

**FEI Number:** 27-4766383

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

TAVAREZ, JAMES  
12515 SW 7 PL  
DAVIE, FL 33325 US

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

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: DCEO  
Name: ROSA, ALEJANDRINA  
Address: PO BOX 551387  
City-St-Zip: FORT LAUDERDALE, FL 33355

Title: DP  
Name: TAVAREZ, JAMES  
Address: PO BOX 551387  
City-St-Zip: FORT LAUDERDALE, FL 33355

Title: DS  
Name: FELICIANO, MARCOS  
Address: PO BOX 551387  
City-St-Zip: FORT LAUDERDALE, FL 33355

Title: DT  
Name: ROBLES, SAMUEL  
Address: PO BOX 551387  
City-St-Zip: FORT LAUDERDALE, FL 33355

Title: D  
Name: TAVAREZ, ELIZABETH  
Address: PO BOX 551387  
City-St-Zip: FORT LAUDERDALE, FL 33355

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: JAMES TAVAREZ

DP

03/22/2012

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

\_\_\_\_\_  
Date