

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000001781

**FILED**  
**Jan 29, 2012**  
**Secretary of State**

**Entity Name:** HEALING AND EMPOWERMENT MINISTRIES INC.

**Current Principal Place of Business:**

99 NW 183TH STREET SUITE 242 C  
MIAMI, FL 33169

**New Principal Place of Business:**

18950 N.E. 5TH AVE  
MIAMI, FL 33179

**Current Mailing Address:**

99 NW 183TH STREET SUITE 242 C  
MIAMI, FL 33169

**New Mailing Address:**

18950 N.E. 5TH AVE  
MIAMI, FL 33179

**FEI Number:** 27-5055440

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ST.VIL, BERRY SR  
99 NW 183TH STREET SUITE 242 A  
MIAMI, FL 33169 US

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

RAMOS, XIOMARA  
18950 N.E 5TH AVE  
MIAMI, FL 33169 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: XIOMARA RAMOS

01/29/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RAMOS, XIOMARA  
Address: 18950 N.E. 5TH AVE  
City-St-Zip: MIAMI, FL 33179

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: XIOMARA RAMOS

P

01/29/2012

Electronic Signature of Signing Officer or Director

Date