

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

DOCUMENT# N12000000060

**FILED**  
**Jul 14, 2012**  
**Secretary of State**

**Entity Name:** MINISTERIO LLEVANDO UNA SONRISA, TAKING A SMILE MINISTRIES, INC.

**Current Principal Place of Business:**

212 N.W. 24TH TERRACE  
CAPE CORAL, FL 33993

**New Principal Place of Business:**

**Current Mailing Address:**

212 N.W. 24TH TERRACE  
CAPE CORAL, FL 33993

**New Mailing Address:**

**FEI Number:** 32-0360335

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TORRES, MIGDALIA  
212 N.W. 24TH TERRACE  
CAPE CORAL, FL 33993 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: D  
Name: TORRES, MIGDALIA  
Address: 212 N.W. 24TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33993

Title: OD  
Name: TORRES, EFRAIN REV.  
Address: 212 N.W. 24TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33993

Title: SD  
Name: LAIZ, ADA C  
Address: 1101 VINYARD STREET  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: OD  
Name: SIERRA, ELVIRA  
Address: 706 HANCOCK BRIDGE  
City-St-Zip: CAPE CORAL, FL 33990

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: MIGDALIA TORRES

D

07/14/2012

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

\_\_\_\_\_  
Date