

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23054

FILED
Mar 31, 2008
Secretary of State

Entity Name: MINISTERIOS UNIDOS POR FE, INCORPORATED

Current Principal Place of Business:

16363 N.W. 57TH AVE.
MIAMI, FL 330146116 US

New Principal Place of Business:

Current Mailing Address:
P.O.BOX 278705
MIRAMAR, FL 33027 US

New Mailing Address:

FEI Number: 65-0029951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, ANA M PTD
13651 SW 20TH ST
MIRAMAR, FL 33027 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: PTD () Delete
Name: LOPEZ, ANA M PTD
Address: 13651 SW 20 STREET
City-St-Zip: MIRAMAR, FL 33027 US

Title: T () Delete
Name: NICHAR, JENELYS T
Address: 5341 HAWKES BLUFF AVE
City-St-Zip: DAVIE, FL 33331 US

Title: VTD () Delete
Name: LOPEZ, LUIS J VTD
Address: 13651 SW 20TH STREET
City-St-Zip: MIRAMAR, FL 33027 US

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: ANA LOPEZ

PTD

03/31/2008

Electronic Signature of Signing Officer or Director

Date