2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005
Secretary of State

DOCUMENT# N26544

Entity Name: MISIONES PENTECOSTALES LATINOAMERICANAS, INC.

Current Principal Place of Business:

C/O EMILIANO GONZALEZ
2639 NW 20 STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

C/O EMILIANO GONZALEZ
4320 NW 198TH TERRACE
MIAMI, FL 33055

New Mailing Address:

FEI Number: 65-0089439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MISIONES LATINOAMERICANAS PENTECOSTALES
4320 NW 198TH TERRACE
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

GONZALEZ, EMILIANO
MISIONES PENTECOSTALES LATINOAMERICANAS
4320 NW 198TH TERRACE
MIAMI, FL 33055 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: MISIONES PENTECOSTALES LATINOAMERICANAS 04/09/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GONZALEZ, EMILIANO,
Address: 4320 NW 198 TERRACE
City-St-Zip: CAROL CITY, FL

Title: VD ( ) Delete
Name: GONZALEZ, HIRALDINA,
Address: 4620 NW 198 TERRACE
City-St-Zip: CAROL CITY, FL

Title: S ( ) Delete
Name: LOBO, MARTHA
Address: 1051 SW 74 AVENUE
City-St-Zip: MIAMI, FL 33144

Title: TD ( ) Delete
Name: RIOS, DEBORAH
Address: 430 NW 103 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete
Name: RIOS, FRANCISCO J
Address: 430 NW 103 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33026

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:

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 for the exemption stated in Section 119.07(3)(i), 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: EMILIANO GONZALEZ PD 04/09/2005
Electronic Signature of Signing Officer or Director Date