


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90006 007 ****70.00

| | | | |
|---|-------------------------------------|---|--|
| DOCUMENT # N93000000216 | |  | |
| 1. Entity Name LA VOZ DE SALVACION, INC. | | | |
| Principal Place of Business 462 N.W. 111TH TERRACE MIAMI SHORES FL 33168 | | Mailing Address 462 N.W. 111TH TERRACE MIAMI SHORES FL 33168 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | | Country | |
| Country | | Country | |
| 4. FEI Number 65-0380247 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 1st MOORE CR2E037 (10/07) | |
| 6. Name and Address of Current Registered Agent ARROYO, SUSANA 462 N.W. 11TH TERRACE MIAMI SHORES FL 33168 | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW - FEE IS \$61.25 Due By May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARROYO, EDWIN | NAME | |
| STREET ADDRESS | 462 N.W. 111TH TERR | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI SHORES FL 33168 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARROYO, EDWARD | NAME | |
| STREET ADDRESS | 462 N.W. 111TH TERR | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI SHORES FL 33168 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARROYO, SUSANA | NAME | |
| STREET ADDRESS | 462 N.W. 111 TERR. | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI SHORES FL 33168 | CITY-ST-ZIP | |
| TITLE | VOC <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MELENDEZ, LEONOR | NAME | VOC |
| STREET ADDRESS | 20560 NE 8 CT | STREET ADDRESS | MELENDEZ LEONOR |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33179 | CITY-ST-ZIP | 17111 NE 14 AVE APT 4 |
| TITLE | VOC <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BORRERO, NITZA | NAME | NORTH BEACH FLA 33162 |
| STREET ADDRESS | 2643 BAHAMA DRIVE | STREET ADDRESS | |
| CITY-ST-ZIP | MIRAMAR FL 33023 | CITY-ST-ZIP | |
| TITLE | VOC <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARROYO, ALFREDO | NAME | |
| STREET ADDRESS | 462 NW 111 TERR. | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI SHORES FL 33168 | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edwin Arroyo* 2/15/08 (305) 758-0487