2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N93000003550

Entity Name: MINISTERIO ESPIRITU YVERDAD DE MIAMI, INC.

Current Principal Place of Business:

318 SW 192ND AVENUE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

318 SW 192ND AVENUE
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-0427422 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SARMIENTO, ROBERTO
318 SW 192ND AVENUE
PEMBROKE PINES, FL 33029 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: SARMIENTO, ROBERTO E
Address: 318 S.W. 192 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VTD ( ) Delete
Name: ZAMBRANA, ANTONIO
Address: 640 SW 116TH COURT
City-St-Zip: MIAMI, FL 33174

Title: S ( ) Delete
Name: SARMIENTO, ZULAIMA
Address: 318 SW 192 AVE
City-St-Zip: PEMBROKE PINES, FL

Title: TD ( ) Delete
Name: ZAMBRANA, NIEVES
Address: 640 SW 116TH CT.
City-St-Zip: MIAMI, FL 33174

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:

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: ROBERTO E. SARMIENTO PTD 04/30/2005

Electronic Signature of Signing Officer or Director — Date