

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000260

FILED
Feb 26, 2009
Secretary of State

Entity Name: MINISTERIO DE ENSEÑANZA LA PALABRA REVELADA, INC.

Current Principal Place of Business:

6320 NW 84 AVE
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6320 NW 84 AVE
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-0559932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA-BARBON, VICTORIO SR.
6320 NW 84 AVE
MIAMI, FL 33166 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: PD () Delete
Name: GARCIA-BARBON, VICTORIO SR.
Address: 17546 SW 48TH STREET
City-St-Zip: MIRAMAR, FL 33029

Title: V () Delete
Name: ROLANDO, MORALES R
Address: 10211 SW FLAGLER TERR
City-St-Zip: MIAMI, FL 33174

Title: S () Delete
Name: DURAN, MIRIAM
Address: 799 PALM AVENUE
City-St-Zip: HIALEAH, FL 33011

Title: VD () Delete
Name: GARCIA-BARBON, CARMEN B
Address: 17546 SW 48TH STREET
City-St-Zip: MIRAMAR, FL 33029

Title: TD () Delete
Name: DURAN, SILVIO
Address: 799 PALM AVENUE
City-St-Zip: HIALEAH, FL 33011

Title: D () Delete
Name: ALBG, SERGIO
Address: 1151 SW 142 PLACE
City-St-Zip: MIAMI, FL 33184

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:

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: VICTORIO GARCIA-BARBON

PD

02/26/2009

Electronic Signature of Signing Officer or Director

Date