


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000004207**  
 1. Entity Name  
**SOCIEDAD MISIONERA GLOBAL, INC.**



Principal Place of Business 14625 S.W. 42ND STREET MIAMI, FL 33175	Mailing Address PO BOX 832022 MIAMI, FL 33283
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02222006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0630064	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 DIAZ, LUIS A  
 11554 S.W. 127COURT  
 MIAMI, FL 33186

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent and title of state use) (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DIAZ, LUIS A 11554 S.W. 127 COURT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MERCADO, LUIS G 10246 SW 156 COURT MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RIVERA, EDNA 11326 SW 161 COURT MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GARCIA, MARIO 15432 SW 97TH TERRACE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOPEZ, RODOLFO CALLE 25; X6 VISTA AZUL ARECIBO, PR 00612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1111000451395  
 03/01/06 80052-013 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Luis Angel Diaz Pabon* 2/24/06 305-553-5995  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day or Phone #