2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N95000005709

Entity Name: MINISTERIO DE METAFISICA UNIVERSAL, INC.

Current Principal Place of Business:

19800 S.W. 180 AVE
#287
MIAMI, FL 33187 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 830952
MIAMI, FL 33283 US

New Mailing Address:

FEI Number: 65-0709258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTIAGO, DARITZA PRESIDE
19800 SW 180 AVE
3287
MIAMI, FL 33187 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: P ( ) Delete
Name: SANTIAGO, DARITZA
Address: 19800 S.W. 180 AVE. #287
City-St-Zip: MIAMI, FL 33187

Title: VPT ( ) Delete
Name: CARTAGENA, JOSE
Address: 10606 S.W. 69 TERR
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete
Name: FELICIANO, ANGELA M
Address: 10606 S.W. 69 TERR
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete
Name: CARTAGENA, TAINEE
Address: 8000 BAYSHORE CT #110
City-St-Zip: MIAMI, FL 33138

Title: ST ( ) Delete
Name: NIEVES, JUANA
Address: 8325 S.W. 107 AVE APT D
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete
Name: SANTANA, EFRAIN
Address: 8440 SW 107 AVE APT 110
City-St-Zip: MIAMI, FL 33173

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: DARITZA SANTIAGO PRES 04/22/2009

Electronic Signature of Signing Officer or Director — Date