

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003137

FILED
Apr 29, 2009
Secretary of State

Entity Name: AVIVAMIENTO MARANATHA MIAMI INC.

Current Principal Place of Business:

15374 SW 25TH TERRACE
MIAMI, FL 33185 US

New Principal Place of Business:

Current Mailing Address:

15374 SW 25TH TERRACE
MIAMI, FL 33185 US

New Mailing Address:

FEI Number: 62-0859006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MENDEZ, MARIANO
15374 SW 25TH TERR
MIAMI, FL 33185 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: MENDEZ, MARIANO
Address: 15374 SW 35TH TERRACE
City-St-Zip: MIAMI, FL 33185

Title: VSD () Delete
Name: MENDEZ, NORMA
Address: 15374 SW 25TH TERRACE
City-St-Zip: MIAMI, FL 33185

Title: TD () Delete
Name: MENDEZ, JESSICA
Address: 15374 SW 25TH TERRACE
City-St-Zip: MIAMI, FL 33185

Title: SD () Delete
Name: ALVEO, BENJAMIN
Address: 1821 NW 47TH STREET
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MENDEZ, MARIANO
Address: 15374 SW 25TH TERRACE
City-St-Zip: MIAMI, FL 33185

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: MARIANO MENDEZ

PD

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date