

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004351

FILED
Apr 11, 2006
Secretary of State

Entity Name: MINISTERIO MISIONEROS DEL EL SHADDAI, INC.

Current Principal Place of Business:

4221 E 4TH AVE
HIALEAH, FL 330132305 US

New Principal Place of Business:

Current Mailing Address:

520 E 53 ST
HIALEAH, FL 33013 US

New Mailing Address:

FEI Number: 65-0692195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENEDEZ, JOSE
520 E 53 ST
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

MENEDEZ, JOSE
520 E 53 ST
HIALEAH, FL 33013 US

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: JOSE MENEDEZ

04/11/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MENEDEZ, RAFAEL A
Address: 6259 S.W. 62ND CT.
City-St-Zip: MIAMI, FL 33142

Title: PD () Delete
Name: MENEDEZ, JOSE
Address: 520 E 53 ST
City-St-Zip: HIALEAH, FL 33013

Title: SD () Delete
Name: MENEDEZ, ANA
Address: 520 E 53 ST
City-St-Zip: HIALEAH, FL 33013

Title: D () Delete
Name: VARELA, LUISA
Address: 37 E 63 ST
City-St-Zip: HIALEAH, FL 33013

Title: D () Delete
Name: GARCIA, MAGDELENA
Address: 6825 WEST 26 AVE
City-St-Zip: HIALEAH, FL 33014

Title: D () Delete
Name: MENEDEZ, LIBETH
Address: 6259 SW 62ND COURT
City-St-Zip: MIAMI, FL 33142

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: D (X) Change () Addition
Name: MENEDEZ, LIZBETH
Address: 6259 SW 62ND COURT
City-St-Zip: MIAMI, FL 33142

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSE MENEDEZ

PD

04/11/2006

Electronic Signature of Signing Officer or Director

Date