

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004351

FILED  
Mar 30, 2007  
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:**

4221 E 4 AV  
HIALEAH, FL 330132305 US

**Current Mailing Address:**

520 E 53 ST  
HIALEAH, FL 33013 US

**New Mailing Address:**

1255 WEST 49 PL APT. C 201  
HIALEAH, FL 33012 US

FEI Number: 65-0692195

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

MENDEZ, JOSE  
1255 WEST 49 PL  
HIALEAH, FL 33012 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 MENDEZ

03/30/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: SD ( ) Delete  
Name: MENDEZ, 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: MENDEZ, LIZBETH  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 MENDEZ

PD

03/30/2007

Electronic Signature of Signing Officer or Director

Date