

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90114 042 ****61.25

DOCUMENT # **N96000004351**

1. Entity Name
MINISTERIO MISIONEROS DEL EL SHADDAI, INC.



Principal Place of Business

**231 E 57TH STREET
HIALEAH FL 33012
US**

Mailing Address

**PO BOX 28178
HIALEAH FL 33002
US**

30018009



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

4221 East A Avenue

Suite, Apt. #, etc.

Hialeah, Florida

City & State

33013-2305

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **65-0692195**

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MENEDEZ, JOSE
231 E 57TH STREET
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD	TITLE	
NAME	MENEDEZ, RAFAEL A	NAME	
STREET ADDRESS	6259 S.W. 62ND CT.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	MENEDEZ, JOSE	NAME	
STREET ADDRESS	29 E 63 ST	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	MENEDEZ, ANA	NAME	
STREET ADDRESS	29 E 63 ST	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	CITY-ST-ZIP	
TITLE	O	TITLE	
NAME	VARELA, LUISA	NAME	
STREET ADDRESS	37 E 63 ST	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	CITY-ST-ZIP	
TITLE	O	TITLE	
NAME	GARCIA, MAGDELENA	NAME	
STREET ADDRESS	6825 WEST 26 AVE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33014	CITY-ST-ZIP	
TITLE	O	TITLE	
NAME	MENEDEZ, LIBETH	NAME	
STREET ADDRESS	6259 SW 62ND COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	CITY-ST-ZIP	

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

1/25/03 305-216-6399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR