

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Oct 26, 2008**  
**Secretary of State**

DOCUMENT# N96000004659

Entity Name: MINISTERIOS BETESDA CORP.

**Current Principal Place of Business:**

9100 NW 21 MANOR  
SUNRISE, FL 33322 US

**New Principal Place of Business:**

**Current Mailing Address:**

1620 NW 143 TER  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

FEI Number: 65-0707095      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FRIAS, GONZALO E JR  
1620 NW 143 TERR  
PEMBROKE PINES, FL 33028 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: FRIAS, GONZALO E  
Address: 1620 NW 143 TERR  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete  
Name: SALINAS, LUIS R  
Address: 5551 SW 11ST  
City-St-Zip: MARGATE, FL 33068

Title: D ( ) Delete  
Name: ROLON, JAVIER  
Address: 11361 NW 30 PL  
City-St-Zip: FORT LAUDERDALE, FL 33323

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SALINAS, LUIS R  
Address: 9225 RAMBLEWOOD DR , APT 1018  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D (X) Change ( ) Addition  
Name: FRIAS, OSCAR R  
Address: 1305 NW 125TH TERR  
City-St-Zip: SUNRISE, FL 33323

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: GONZALO FRIAS

PD

10/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date