## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000005659

Address:

City-St-Zip:

9390 NW 14 AVENUE

MIAMI, FL 33147

FILED Jun 02, 2005 Secretary of State

Entity Nar	ne: END TIME MINIST	RIES, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
14853 NW MIAMI, FL	7TH AVENUE 33168		14853 NW MIAMI, FL	7TH AVENU 33168 US		
Current Mailing Address:			New Mailing Address:			
6511 NW N MIAMI, FL	MAMI PLACE 33150		6511 NW N MIAMI, FL	MAMI PLACE 33150 US		
		S., the corporation did not recei		e.	Certificate of Status Desired New Registered Agent:	d ( )
PHILOGEN 6511 N.W. MIAMI, FL The above	IE, MARIELLE REV MIAMI PLACE 33150 US named entity submits tl	his statement for the purpos				or both,
in the State						
SIGNATURE: Electronic Signature of Registered Agent					Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P\D ( ) Delete PHILOGENE, MARIELLE 6511 N.W. MIAMI PLACE MIAMI, FL 33150	REV.	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP\D ( ) Delete PHILOGENE, FRANCK 6511 N.W. MIAMI PLACE MIAMI, FL 33150		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S\D ( ) Delete LAFONTANT, TAMARA 8012 N.E. 7TH AVENUE MIAMI, FL 33138		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name:	T () Delete BAUCE, WIDELINE		Title: Name:	T (X	X) Change()Addition LINE	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

6455 NW MIAMI PLACE

MIAMI, FL 33150 US

**REV** SIGNATURE: MARIELLE PHILOGENE 06/02/2005