
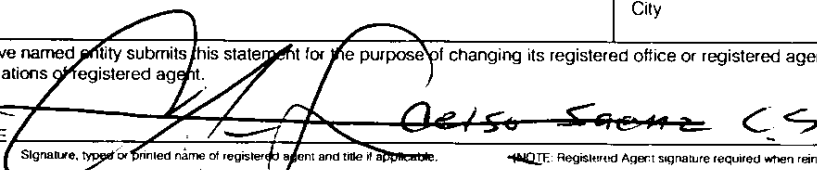
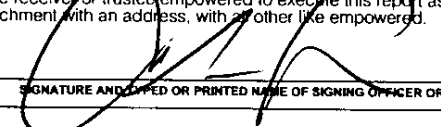


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90028 041 \*\*\*\*70.00

<b>DOCUMENT # N97000001436</b> 1. Entity Name <b>MINISTERIO RIOS DE AGUA VIVA, INC.</b>					
Principal Place of Business <b>49 LAKE ARBOR DR</b> <b>PALM SPRINGS, FL 33461 US</b>			Mailing Address <b>49 LAKE ARBOR DR</b> <b>PALM SPRINGS, FL 33461 US</b>		
2. Principal Place of Business - No P.O. Box # <b>2211 2nd Avenue North</b> Suite, Apt. #, etc.		3. Mailing Address <b>2211 2nd Avenue North</b> Suite, Apt. #, etc.		01182008 Chg-NP CR2E037 (12/06)	
City & State <b>Lake Worth, Florida</b> Zip <b>33461-3212</b>		City & State <b>Lake Worth, Florida</b> Zip <b>33461-3212</b>		4. FEI Number <b>65-0645893</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SAENZ, CELSO</b> <b>1853 BELL LN</b> <b>WEST PALM BEACH, FL 33406</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> <b>01/27/08</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SZYSKO, EUGENIA</b> <input type="checkbox"/> Delete <b>11658 TURNSTONE DRIVE</b> <b>WELLINGTON, FL 33414</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SAENZ, CELSO</b> <input type="checkbox"/> Delete <b>1853 BELL LANE</b> <b>WEST PALM BEACH, FL 33406</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PINO, MIRTHA</b> <input type="checkbox"/> Delete <b>2635 MYRICA RD</b> <b>WEST PALM BEACH, FL 33406</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>MOLINA, REBECA</b> <input type="checkbox"/> Delete <b>433 LOS ALTOS ROAD</b> <b>PALM SPRINGS, FL 33461</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.					
<b>SIGNATURE:</b> 			<b>01/27/08</b> (561) Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					