2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Sep 13, 2007 08:00 AM Secretary of State DOCUMENT # N97000004537 PEACE UNITED METHODIST CHURCH HISPANIC, INC. Principal Place of Business Mailing Address 12755 QUAIL ROOST DRIVE 12755 QUAIL ROOST DRIVE MIAMI, FL 33177 MIAMI, FL 33177 CR2E037 (4/06) 07052007 No Chg-NP DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0787050 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GIL, FREDY DO NOT WRITE 13045 SW 196 ST MIAMI, FL 33177 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE CD NAME GIL, FREDY STREET ADDRESS 13045 SW 196 ST CITY-ST-ZIP MIAMI, FL 33177 U00000773889 09/13/07-80003-019 81.25 VD ME NAME MERCEDES, ANDRADE STREET ADDRESS 14215 SW 92 ST CITY-ST-7IP MIAMI, FL 33186 787 F SD NAME GIL, VILMA STREET ADDRESS 13045 SW 196 ST DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33177 IITLE IN THIS SPACE חד NAME ALVAREZ, GIRALDO STREET ADDRESS 19736 SW 119TH PLACE City-ST-ZiP MIAMI, FL 33177 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 all other like empowered.

SIGNATURE

CITY-ST-ZIP

NATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-07

Daytime Phone #

FILED