

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002829

FILED
Feb 09, 2009
Secretary of State

Entity Name: MINISTERIOS EVANGELICOS "EL SHADDAI", CORP.

Current Principal Place of Business:

4825 N.W. 17TH AVE.
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

4825 N.W. 17TH AVE.
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-0835640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURALLES, EVERARDO
2367 S.W
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

MURALLES, EVERARDO
2367 S.W 10 ST.
MIAMI, FL 33135 US

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: EVERARDO MURALLES

02/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EVERARDO, MURALLES REV.
Address: 2367 S.W 10 ST.
City-St-Zip: MIAMI, FL 33135

Title: VD () Delete
Name: MURALLES, ERENDIRA
Address: 2367 S.W 10 ST.
City-St-Zip: MIAMI, FL 33125

Title: TD () Delete
Name: GARCIA, JOSE A
Address: 902 N.W 26 AVE
City-St-Zip: MIAMI, FL 33125

Title: SD () Delete
Name: GARCIA, ROSA M
Address: 902 N.W 26 AVE
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: EVERARDO MURALLES

REV.

02/09/2009

Electronic Signature of Signing Officer or Director

Date