

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006456

FILED
Sep 06, 2008
Secretary of State

Entity Name: RESCUE INTERNATIONAL MINISTRY, INC.

Current Principal Place of Business:

16090 NW 2ND AVE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

16090 NW 2ND AVE
MIAMI, FL 33169

New Mailing Address:

FEI Number: 65-0876069 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DA SILVA, JOSE CARLOS V
16090 NW 2ND AVE
MIAMI, FL 33169 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DA SILVA, JOSE CARLOS V
Address: 212 NE 3 ST APT 2
City-St-Zip: HALLANDALE, FL 33009

Title: VD () Delete
Name: DORNELAS DA SILVA, APARECIDA
Address: 212 NE 3 ST APT 2
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: TD () Delete
Name: DA SILVA, LEANDRO
Address: 212 NE 3ST APT 2
City-St-Zip: HALLANDALE, FL 33009

Title: TD () Delete
Name: PIRES, RINALDO
Address: 16090 NW 2ND AVE
City-St-Zip: NORTH MIAMI, FL 33169

Title: SD () Delete
Name: CACHULA, KARLA
Address: 212 NE 3 ST APT 2
City-St-Zip: HALLANDALE BEACH, FL 33009

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:

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: JOSE CARLOS DA SILVA

PD

09/06/2008

Electronic Signature of Signing Officer or Director

Date