

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000036883

Entity Name: JULISSA MINISTRIES, INC.

FILED
Aug 11, 2009
Secretary of State

Current Principal Place of Business:

PO BOX 827302
SOUTH FLORIDA, FL 33082

Current Mailing Address:

PO BOX 827302
SOUTH FLORIDA, FL 33082

New Principal Place of Business:

900 N WALNUT CREEK DR.
SUITE 100 #415
MANSFIELD, TX 76063

New Mailing Address:

900 N WALNUT CREEK DR.
SUITE 100 #415
MANSFIELD, TX 76063

FEI Number: 01-0667005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCE, JULISSA
504 NW 162 AVE
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

ARCE, JULISSA
312 RANCH TRAIL
MANSFIELD,, FL 76063 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:

08/11/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARCE, JULISSA
Address: PO BOX 827302
City-St-Zip: SOUTH FLORIDA, FL 33082

Title: VD () Delete
Name: RIVERA, MIGUEL
Address: PO BOX 827302
City-St-Zip: SOUTH FLORIDA, FL 33082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ARCE, JULISSA
Address: 312 RANCH TRAIL
City-St-Zip: MANSFIELD, TX 76063

Title: VD (X) Change () Addition
Name: RIVERA, MIGUEL
Address: 312 RANCH TRAIL
City-St-Zip: MANSFIELD, TX 76063

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULISSA ARCE

PD

08/11/2009

Electronic Signature of Signing Officer or Director

Date