

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90040 049 ***150.00

DOCUMENT # P98000102604

1. Corporation Name
BLESSING PRODUCTIONS MUSIC MINISTRIES, INC.

Principal Place of Business
122 CALABRIA AVE., STE. 10
CORAL GABLES FL

Mailing Address
122 CALABRIA AVE., STE. 10
CORAL GABLES FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1998

4. FEI Number

59-3562076

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 9395 Nelson Park Cir.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 104

City & State

23 Orlando, FL

Zip Country

24 32817

Zip Country

29

Country

30

9. Name and Address of Current Registered Agent

ROSA, JOSE
122 CALABRIA AVE., STE. 10
CORAL GABLES FL

10. Name and Address of New Registered Agent

81 Name

JOSE ROSA

82 Street Address (P.O. Box Number is Not Acceptable)

9395 Nelson Park Circle

83

APT 104

84 City

Orlando

FL

85 Zip Code

32817

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/99

12. OFFICERS AND DIRECTORS

TITLE DP
NAME ROSA, JOSE
STREET ADDRESS 122 CALABRIA AVE., STE. 10
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE

TITLE DV
NAME NECIOSUP, HECTOR
STREET ADDRESS 581 NW 109 ST.
CITY-ST-ZIP MIAMI FL 33168 ☐ DELETE

TITLE D
NAME ROSA, MARIA
STREET ADDRESS 122 CALABRIA AVE., STE. 10
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE

TITLE D
NAME NECIOSUP, SANDRA
STREET ADDRESS 581 NW 109 ST.
CITY-ST-ZIP MIAMI FL 33168 ☐ DELETE

TITLE D
NAME SANTIAGO, EDDIE
STREET ADDRESS 11402 SW 148 PATH
CITY-ST-ZIP MIAMI FL 33196 ☐ DELETE

TITLE D
NAME SANTIAGO, GABRIELA
STREET ADDRESS 11402 SW 148 PATH
CITY-ST-ZIP MIAMI FL 33196 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME ROSA, JOSE
1.3 STREET ADDRESS 9395 Nelson Park Cir. #104
1.4 CITY-ST-ZIP Orlando, FL 32817

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME ROSA, MARIA
3.3 STREET ADDRESS 9395 Nelson Park Cir. #104
3.4 CITY-ST-ZIP Orlando, FL 32817

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-99 407-482-9849

CR2E034 (11/98)