

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002955

FILED
Feb 22, 2012
Secretary of State

Entity Name: MINISTERIO INTERNATIONAL NUEVAS FUERZAS, INC.

Current Principal Place of Business:

15160 S.W. 136TH ST
UNIT 2 & 3
MIAMI, FL 33196

New Principal Place of Business:

14335 SW 120 ST
104
MIAMI, FL 33186

Current Mailing Address:

15160 S.W. 136TH ST.
UNIT 2 & 3
MIAMI, FL 33196

New Mailing Address:

14335 SW 120 ST
104
MIAMI, FL 33186

FEI Number: 26-2261644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COROMINAS, MARIA
14335 SW 120 STREET
#104
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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: P
Name: COROMINAS, MARIA
Address: 14335 SW 120 ST #104
City-St-Zip: MIAMI, FL 33186

Title: VP
Name: COROMINAS, BIENVENIDO
Address: 14335 SW 120 ST #104
City-St-Zip: MIAMI, FL 33186

Title: S
Name: COROMINAS, ELSA D CARMEN
Address: 14335 SW 120 ST #104
City-St-Zip: MIAMI, FL 33186

Title: MBR
Name: COROMINAS, BENNY
Address: 14335 SW 120 #104
City-St-Zip: MIAMI, FL 33186

Title: MBR
Name: RUIZ, GIBERTO
Address: 14335 SW 120 ST # 104
City-St-Zip: MIAMI, FL 33186

Title: MBR
Name: MARIA, SANTIAGO
Address: 14335 SW 120 ST #104
City-St-Zip: MIAMI, FL 33186

I hereby 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 all other like empowered.

SIGNATURE: MARIA COROMINAS

P

02/22/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date