

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 22, 2008  
Secretary of State

DOCUMENT# N07000003099

Entity Name: GOD OF MIRACLES, INC.

**Current Principal Place of Business:**

6470 SW 9TH PLACE  
NORTH LAUDERDALE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

6470 SW 9TH PLACE  
NORTH LAUDERDALE, FL 33068

**New Mailing Address:**

FEI Number: 65-1299839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MONTALVAN, SABI BLANCO  
6470 SW 9TH PLACE  
NORTH LAUDERDALE, FL 33068 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 ( ) Delete  
Name: MONTALVAN, RICARDO  
Address: 6470 SW 9TH PLACE  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VP ( ) Delete  
Name: MONTALVAN, SABI  
Address: 6470 SW 9TH PLACE  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D ( ) Delete  
Name: LEVY, CINDY  
Address: 11751 NW 14TH STREET  
City-St-Zip: PLANTATION, FL 33323

Title: D ( ) Delete  
Name: MONTALVAN, SABI  
Address: 6470 SW 9TH PLACE  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D ( ) Delete  
Name: MONTALVAN, RICARDO  
Address: 6470 SW 9TH PLACE  
City-St-Zip: NORTH LAUDERDALE, FL 33068

**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: RICARDO MONTALVAN

P

01/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date