

1.) CORPORATION NAME:

Movimiento Misionero Mundial, Inc.

DUE DATE: **1/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**EDWIN MORALES
2808 HOLLYWOOD RD #101
FALLS CHURCH, VA 22043**

SCC ID NO: **F1778408**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1016 7TH STREET S.E.

CITY/ST/ZIP: WASHINGTON, DC 20003

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOSE G MARTINEZ	
TITLE:	PRESIDENT	
ADDRESS:	P.O. BOX 363644	
CITY/ST/ZIP/CO:	SAN JUAN,,00936-3644,PUERTO RICO , , FN	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JORGE ALVAREZ	
TITLE:	SECRETARY	
ADDRESS:	P.O. BOX 363644	
CITY/ST/ZIP/CO:	SAN JUAN,,00936-3644,PUERTO RICO , , FN	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CARLOS M. RECIO	
TITLE:	ASST SECRETARY	
ADDRESS:	1016 7TH STREET S.E.	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20003	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RODOLFO GONZALEZ	
TITLE:	TREASURER	
ADDRESS:	P.O. BOX 363644	
CITY/ST/ZIP/CO:	SAN JUAN,,00936-3644,PUERTO RICO , , FN	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RUBEN CONCEPCION	
TITLE:	DIRECTOR	
ADDRESS:	P.O. BOX 363644	
CITY/ST/ZIP/CO:	SAN JUAN,,00936-3644,PUERTO RICO , , FN	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARGARO FIGUEROA	
TITLE:	DIRECTOR	
ADDRESS:	P.O. BOX 363644	
CITY/ST/ZIP/CO:	SAN JUAN,,00936-3644,PUERTO RICO , , FN	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALVARO GARAVITO DIRECTOR P.O. BOX 363644 SAN JUAN,,00936-3644,PUERTO RICO , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ENRIQUE CENTENO DIRECTOR P.O. BOX 363644 San Juan, 00936, PR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROMULO VERGARA DIRECTOR P.O. BOX 363644 SAN JUAN,,00936-3644,PUERTO RICO , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CARLOS M. RECIO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CARLOS M. RECIO, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	4/16/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			