

1.) CORPORATION NAME:

DUE DATE: **1/31/2013**

Movimiento Misionero Mundial, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1778408**

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

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:

DC

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.

NAME: JOSE G MARTINEZ TITLE: PRESIDENT ADDRESS: P.O. BOX 363644 CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RODOLFO GONZALEZ TITLE: TREASURER ADDRESS: P.O. BOX 363644 CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JORGE ALVAREZ TITLE: SECRETARY ADDRESS: P.O. BOX 363644 CITY/ST/ZIP/CO: , , 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: ENRIQUE CENTENO TITLE: DIRECTOR ADDRESS: P.O. BOX 363644 CITY/ST/ZIP/CO: SAN JUAN,00936,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: , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MARGARO FIGUEROA TITLE: DIRECTOR ADDRESS: P.O. BOX 363644 CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALVARO GARAVITO TITLE: DIRECTOR ADDRESS: P.O. BOX 363644 CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROMULO VERGARA TITLE: DIRECTOR ADDRESS: P.O. BOX 363644 CITY/ST/ZIP/CO: , , 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	1/27/2013 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.		