

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002786

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: MINISTERIO C.E.L. CORPORATION

**Current Principal Place of Business:**

6704 VIA REGINA  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

6704 VIA REGINA  
BOCA RATON, FL 33433

**New Mailing Address:**

FEI Number: 65-0993489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SALINAS, PEDRO  
6704 VIA REGINA  
BOCA RATON, FL 33433 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: PD ( ) Delete  
Name: SALINAS, PEDRO  
Address: 6704 VIA REGINA  
City-St-Zip: BOCA RATON, FL 33433

Title: VD ( ) Delete  
Name: SALINAS, IVELISE  
Address: 6704 VIA REGINA  
City-St-Zip: BOCA RATON, FL 33433

Title: S ( ) Delete  
Name: SALINAS, LEANDRO  
Address: 9095 SW 21 COURT #B  
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Delete  
Name: SALINAS, GUSTAVO  
Address: 6704 VIA REGINA  
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Delete  
Name: BARBOSA, LEONOR  
Address: 6704 VIA REGINA  
City-St-Zip: BOCA RATON, FL 33433

**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 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: PEDRO SALINAS

PD

04/19/2006

Electronic Signature of Signing Officer or Director

Date