


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000003923**

1. Entity Name  
**MINISTERIO EVANGELICO RECOBRANDO LO PERDIDO, INC.**



Principal Place of Business      Mailing Address

**2925 W 80TH ST #111**      **2925 W 80TH ST #111**  
**HIALEAH, FL 33018**      **HIALEAH, FL 33018**

**DO NOT WRITE IN THIS SPACE**



03132005 No Chg-NP CR2E037 (10/03)

4. FFI Number **81-0554128** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ZAYAS, JUAN C**  
**2925 W 80TH ST #111**  
**HIALEAH, FL 33018**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consulting)

**Filing Fee is \$81.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZAYAS, JUAN C 2925 W 80TH ST #111 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV AMABLE, ANTONIO 2925 W 80TH ST #111 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FALCON, MARIA E 7969 W. 15 CT. HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000288540  
 04/05/05-80014-025 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_