

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 22, 2006 8:00 am -**  
**Secretary of State**

05-22-2006 90046 026 \*\*\*\*66.25

**DOCUMENT # N02000003923**

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



Principal Place of Business  
 2925 W 80TH ST #111  
 HIALEAH, FL 33018

Mailing Address  
 2925 W 80TH ST #111  
 HIALEAH, FL 33018



05012006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>81-0554128</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE: DP  
 NAME: ZAYAS, JUAN C  
 STREET ADDRESS: 2925 W 80TH ST #111  
 CITY-ST-ZIP: HIALEAH, FL 33018

TITLE: DV  
 NAME: AMABLE, ANTONIO  
 STREET ADDRESS: 2925 W 80TH ST #111  
 CITY-ST-ZIP: HIALEAH, FL 33018

TITLE: DT  
 NAME: FALCON, MARIA E  
 STREET ADDRESS: 7969 W. 15 CT.  
 CITY-ST-ZIP: 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**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: JUAN C. ZAYAS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06 305-6065841  
Date Daytime Phone #