

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

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**



01142007 No Chg-NP CR2E037 (4/06)

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4. FEI 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**

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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, 2007**

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/08/07-80052-007 61.25

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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 Carlos Zayas 1/28/07 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #