

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2005
Secretary of State**

DOCUMENT# N04000001953

Entity Name: MINISTERIO INTERNACIONAL PAN DE VIDA, INC.

Current Principal Place of Business:

2070 BAY DRIVE WEST
606
MIAMI BEACH, FL 33141 US

New Principal Place of Business:

Current Mailing Address:

2070 BAY DRIVE WEST
606
MIAMI BEACH, FL 33141 US

New Mailing Address:

FEI Number: 34-1981139 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTILLOVEITIA, ALVIN MR.
2070 BAY DRIVE WEST
606
MIAMI BEACH, FL 33141 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: P () Delete
Name: CASTILLOVEITIA, ALVIN
Address: 2070 BAY DRIVE WEST # 606
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: VP () Delete
Name: AQUINO, EURIPEDES E
Address: 2070 BAY DRIVE WEST #606
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: SECR () Delete
Name: NUÑEZ, CÉSAR A
Address: 2070 BAY DRIVE WEST #509
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: TRE () Delete
Name: DO COUTO, POLLYANNA
Address: 2070 BAY DRIVE WEST # 509
City-St-Zip: MIAMI BEACH, FL 33141 US

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALVIN CASTILLOVEITIA

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date