

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90226 011 \*\*\*\*61.25

**DOCUMENT # N28328**  
 1. Entity Name  
**MINISTERIO EVANGELISTICO MONTE DE SION INC.**



Principal Place of Business: **5700 W 12TH AVE HIALEAH FL 33012**  
 Mailing Address: **5700 W 12TH AVE HIALEAH FL 33012**

94071440



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **65-0072705**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**ARNAEZ, PEDRO**  
**3508 WEST 73RD TERRACE**  
**HIALEAH FL 33016**

**7. Name and Address of New Registered Agent**  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE: PD	NAME: ARNAEZ, PEDRO	<input type="checkbox"/> Delete
STREET ADDRESS: 3508 WEST 73RD TERRACE	CITY-ST-ZIP: HIALEAH FL	
TITLE: VD	NAME: MIROSLAVA, ARNAEZ	<input type="checkbox"/> Delete
STREET ADDRESS: 3508 W 73RD TERRACE	CITY-ST-ZIP: HIALEAH FL	
TITLE: TD	NAME: SERRANO, ADOLFO	<input type="checkbox"/> Delete
STREET ADDRESS: 2669 W. 74 TERRACE	CITY-ST-ZIP: HIALEAH FL 33016	
TITLE: SD	NAME: POLO, YOAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 760 E. 44 ST.	CITY-ST-ZIP: HIALEAH FL 33014	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY-ST-ZIP: _____	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE: _____	NAME: Arnaez, Pedro	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 9180 NW 114 ST.	CITY-ST-ZIP: Hialeah Gdns 33018	
TITLE: _____	NAME: Arnaez, MIROSLAVA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 9180 NW 114 ST.	CITY-ST-ZIP: Hialeah Gdns 33018	
TITLE: _____	NAME: SD Jorge Gato	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 171 W 28 ST.	CITY-ST-ZIP: Hialeah FL 33010	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-362-7667  
 4-26-04