


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90420 001 \*\*\*\*61.25

<b>DOCUMENT # N28328</b>					
1. Entity Name <b>MINISTERIO EVANGELISTICO MONTE DE SION INC.</b>					
Principal Place of Business <b>5700 W 12TH AVE HIALEAH FL 33012</b>			Mailing Address <b>5700 W 12TH AVE HIALEAH FL 33012</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0072705</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ARNAEZ, PEDRO 3508 WEST 73RD TERRACE HIALEAH FL 33016.</b>			7. Name and Address of New Registered Agent Name <b>SAME (only address change)</b> Street Address (P.O. Box Numbers Not Acceptable) <b>3148 NW 96 Street</b> City <b>MIAMI</b> FL Zip Code <b>33147</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARNAEZ, PEDRO		NAME		
STREET ADDRESS	9180 NW 114 ST		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33018		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MIROSLAVA, ARNAEZ		NAME		
STREET ADDRESS	9180 NW 114 ST		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33018		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SERRANO, ADOLFO		NAME		
STREET ADDRESS	2669 W. 74 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33016		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SERRANO, NIERKA ALONSO		NAME		
STREET ADDRESS	12367 NW 98 AVE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH GARDENS FL 33018		CITY-ST-ZIP		
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1st MOORE CR2E037 (10/05)

65-0072705

**\$8.75 Additional Fee Required**

**ARNAEZ, PEDRO  
3508 WEST 73RD TERRACE  
HIALEAH FL 33016.**

Name **SAME (only address change)**  
Street Address (P.O. Box Numbers Not Acceptable) **3148 NW 96 Street**  
City **MIAMI** FL Zip Code **33147**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE: **4-12-2006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #