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

Feb 23, 2006 08:00 AM Secretary of State DOCUMENT # N96000002819 1. Entity Name MINISTERIO CAMINO DE VIDA, INC. Frincipal Place of Business Mailing Address 2095 SW 1 ST MIAMI FL 33145 NOE BARAHONA 3813 SW 133 PL MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 65-0715359 Not Applicat Zιο Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARAHONA, NOE Street Address (P.O. Box Number is Not Acceptable) 3813 SW 133 PL MIAMI FL 33175 City 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of redistered agent and title if epolicable (NDTE: Registered Agent signature required when remstating) DATE The state of the s FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete DILE Change BARAHONA, NOE PASTOR NAME NAME 3813 SW 133 PL STREET ADDRESS STREET ADDRESS MIAMI FL 33175 CITY-ST-ZIP CITY-ST-70P TO TATLE ☐ Delete $T(T) \in$ Change U00000444740 NAME BARAHONA, ESTHER L NAME 03/07/06-80014-018 61,25 STREET ADDRESS 3813 SW 133 PL STREET ADDRESS MIAMI FL 33175 CHY-ST-ZIP CITY-ST-ZIP THE ☐ Pelete TIFLE ☐ Chance □ ******* DELGADO, NORMA NAME NAME STREET ADDRESS 2529 NW 77 ST STREET ADDRESS CITY-SI-ZIP MIAMI FL 33147 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change □ 春点"" NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 7371 F ☐ Defete TITLE ☐ Change □ Additi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete DHE ☐ Change ☐ Adam NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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^{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 directly 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 1 if changed, or on an attachment with an address, with all other like empowered.