


FILED
Jun 18, 2003 8:00 am
Secretary of State

05-08-2003 90156 023 ****61.50

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N96000002819

1. Entity Name
MINISTERIO CAMINO DE VIDA, INC.



Principal Place of Business
**2095 SW 1 ST
 MIAMI FL 33145**

Mailing Address
**NOE BARAHONA
 3813 SW 133 PL
 MIAMI FL 33175**

55048936



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0715359**

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**BARAHONA, NOE
 3813 SW 133 PL
 MIAMI FL 33175**

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

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	D	<input type="checkbox"/> Delete
NAME	BARAHONA, NOE PASTOR	<i>Director</i>
STREET ADDRESS	3813 SW 133 PL	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	T	<input type="checkbox"/> Delete
NAME	BARAHONA, ESTHER L	<i>Officer</i>
STREET ADDRESS	3813 SW 133 PL	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MUNEZ, MODESTO	
STREET ADDRESS	2830 NW 22 AVE #5	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	Norma Delgado	<input type="checkbox"/> Delete
NAME	2529 NW 77 St.	<i>Trustee</i>
STREET ADDRESS	Miami, FL 33147	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)