



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 14, 2004 8:00 am**  
**Secretary of State**

09-14-2004 90002 016 \*\*\*\*61.25

<b>DOCUMENT # N98000006456</b> 1. Entity Name <b>MINISTERIO PROFETICO RESCUE, INC.</b>					
Principal Place of Business <b>18340 NE 2ND AVE NORTH MIAMI, FL 33179</b>				Mailing Address <b>18340 NE 2ND AVE NORTH MIAMI, FL 33179</b>	
2. Principal Place of Business <b>242 NW 161st</b> Suite, Apt. #, etc.		3. Mailing Address <b>242 NW 161st</b> Suite, Apt. #, etc.			
City & State <b>NORTH MIAMI - FL</b>		City & State <b>NORTH MIAMI</b>		4. FEI Number <b>65-0876069</b>	
Zip <b>33169</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>DA SILVA, JOSE CARLOS V</b> <b>3619 NE 207 ST</b> <b>#2109</b> <b>AVENTURA, FL 33180</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 8, 2004</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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DA SILVA, JOSE CARLOS V 8201 N.W. 198TH ST MIAMI, FL 33015 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDD DORNELAS DA SILVA, APARECIDA 8201 N.W. 198TH ST MIAMI, FL 33015 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NATHER, VALTER 1067 NE 204 TERRACE MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EUGEN DE FREITAS 6060 NW 183 ST + 303 MIAMI - 33015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACEDO, FLAVIO 8201 N.W. 198TH ST MIAMI, FL 33015 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIANCHI, JEFFERSON 1067 NE 204 TERR MIAMI, FL 33179 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GLIMOLDO EVANGELISTA 6060 NW 183 ST + 303 MIAMI - 33015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACEIO, DIANH 3619 NE 207 ST #2109 AVENTURA, FL 33180 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>09-08-04</b> Daytime Phone # <b>786-266 2654</b>		



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 21, 2004

MINISTERIO PROFETICO RESCUE, INC.  
242 NW 161 ST  
NORTH MIAMI, FL 33169

SUBJECT: MINISTERIO PROFETICO RESCUE, INC.  
Ref. Number: N98000006456

Upon receipt of your letter and/or check(s) totaling \$70.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Ruby Dunlap  
Document Specialist

Letter Number: 104A00046268

*Receipt*  
*in*  
*09/08/04*  
*[Signature]*