

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

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90122 013 \*\*\*\*61.25

**DOCUMENT # N95000003700**

1. Entity Name

MINISTERIO CRISTO OMNIPOTENTE A.G. CORP.



Principal Place of Business

14710 W. DIXIE HWY  
NORTH MIAMI FL 33180

Mailing Address

6770 EVANS STREET  
HOLLYWOOD FL 33024

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0602498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

CABALLERO, VICTOR  
6770 EVANS STREET  
HOLLYWOOD FL 33024

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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 CABALLERO, VICTOR ☐ Delete  
STREET ADDRESS 6770 EVANS STREET  
CITY-ST-ZIP HOLLYWOOD FL 33024

TITLE VP  
NAME NIELENDEZ, A. DANIEL ☒ Delete  
STREET ADDRESS 1523 N.E. 143 ST  
CITY-ST-ZIP N. MIAMI FL 33161

TITLE ~~PD~~  
NAME RODRIGUEZ, ANDREA ☒ Delete  
STREET ADDRESS 7625 ALHAMBRA BLVD.  
CITY-ST-ZIP MIRAMAR FL 33023

TITLE TD  
NAME BRYANT, CARMAN ☐ Delete  
STREET ADDRESS 14637 NE 14 AVE  
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE D  
NAME BEATRIZ, CASADO A ☒ Delete  
STREET ADDRESS 1780 NE 191 ST., #412-2C  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33170

TITLE D  
NAME ROLON, LAURA ☒ Delete  
STREET ADDRESS 350 NE 141 STREET #319  
CITY-ST-ZIP N. MIAMI FL 33161

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition  
NAME **SD meLendez LISANDRA**  
STREET ADDRESS **1523 N.E. 143ST**  
CITY-ST-ZIP **N. MIAMI FL, 33161**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition  
NAME **DE LA ROSA ELSA**  
STREET ADDRESS **2074 N.E. 193rd ST.**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE ☒ Change ☒ Addition  
NAME **D. GOMEZ, MARK F.**  
STREET ADDRESS **1670 NW 132nd ST**  
CITY-ST-ZIP **MIAMI FL 33167**

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: *Victor Caballero* VICTOR CABALLERO P.D. 2/28/06-954-962-0079