

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004384

**Entity Name:** MINISTERIO SOLDADOS DE LA ORACION, CORP.**Current Principal Place of Business:**11000 S.W. 202ND DRIVE  
#87  
MIAMI, FL 33189**Current Mailing Address:**P.O. BOX 970561  
MIAMI, FL 33197 US**FEI Number: 87-0702433****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIVAS DE LA ROSA, JOSEFINA  
11000 S.W. 202ND DRIVE  
#87  
MIAMI, FL 33189 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	RIVAS DE LA ROSA, JOSEFINA
Address	11000 S.W. 202ND DRIVE APT. 87
City-State-Zip:	MIAMI FL 33189

Title	VP
Name	BAQUERO, ELIAS
Address	435 LIFE STYLE LAND
City-State-Zip:	WINDWOOD GA 30757

Title	SEC
Name	RAMIREZ, VIRGINIA G
Address	3267 VALMONT LN
City-State-Zip:	KENNER LA 70065

Title	D-PR
Name	VELOZ, VIOLETA
Address	14911 SW 80 ST, APT. 108
City-State-Zip:	MIAMI FL 33193

Title	D
Name	DE LA ROSA, KARINA
Address	11000 S.W. 202ND DRIVE APT. 87
City-State-Zip:	MIAMI FL 33189

Title	D-IR
Name	RIVAS, ISRAEL D
Address	MANZANA 30 #12, EL BRISAL
City-State-Zip:	SANTO DOMINGO DR

Title	DIRECTOR
Name	GUZMAN, ISRAEL
Address	11000 S.W. 202ND DRIVE APT. 87
City-State-Zip:	MIAMI FL 33189

Title	DIRECTOR
Name	ZAMBRANO, GUSTAVO
Address	19921 GULFSTREAM ROAD
City-State-Zip:	MIAMI FL 33157

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: VIRGINIA G RAMIREZ****SECRETARY****04/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	OTERO, CUCA
Address	14648 SW 284TH ST. APT. 102
City-State-Zip:	HOMESTEAD FL 33033