Entity Name: MINISTERIO " UN TOQUE DE PODER " CORP.			Secretary of State 3448439820CC	
Current Pri	ncipal Place of Business:		5446439	02000
610 ASH ST.	•			
PORT SAINT L	UCIE, FL 34952			
Current Mai	ling Address:			
610 ASH ST				
PORT SAIN	T LUCIE, FL 34952			
FEI Number	: 46-3893136		Certificate of Status Desir	ed. No
Name and Address of Current Registered Agent:				
RIESTRA, ANA 610 ASH ST.	Υ.			
PORT SAINT L	UCIE, FL 34952 US			
	d ontity submits this statement for the nurness of changing its regi	starad offica ar ragis	torod agont or both in the State of Eleri	da
	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Flori	
	E: RIESTRA ANA	stered office or regis	tered agent, or both, in the State of Flori	03/13/2019
		stered office or regis	tered agent, or both, in the State of Flori	
	E: RIESTRA ANA Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Flori	03/13/2019
SIGNATURE	E: RIESTRA ANA Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of Flori	03/13/2019
SIGNATURE Officer/Dire	E: RIESTRA ANA Electronic Signature of Registered Agent Ctor Detail :			03/13/2019
SIGNATURE Officer/Dire	E: RIESTRA ANA Electronic Signature of Registered Agent Ctor Detail :	Title	P	03/13/2019
SIGNATURE Officer/Dire Title Name	E: RIESTRA ANA Electronic Signature of Registered Agent Ctor Detail : P RIESTRA, ANA Y 610 ASH ST.	Title Name Address	P RIESTRA, ANA Y	03/13/2019
SIGNATURE Officer/Dire Title Name Address	E: RIESTRA ANA Electronic Signature of Registered Agent Ctor Detail : P RIESTRA, ANA Y 610 ASH ST.	Title Name Address	P RIESTRA, ANA Y 610 ASH ST.	03/13/2019
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	E: RIESTRA ANA Electronic Signature of Registered Agent Ctor Detail : P RIESTRA, ANA Y 610 ASH ST. PORT SAINT LUCIE FL 34952	Title Name Address City-State-Zip:	P RIESTRA, ANA Y 610 ASH ST. PORT ST. LUCIE FL 34952	03/13/2019
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	EIESTRA ANA Electronic Signature of Registered Agent Ctor Detail : P RIESTRA, ANA Y 610 ASH ST. PORT SAINT LUCIE FL 34952 VP	Title Name Address City-State-Zip: Title	P RIESTRA, ANA Y 610 ASH ST. PORT ST. LUCIE FL 34952 SECR	03/13/2019
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title Name Address	EIESTRA ANA Electronic Signature of Registered Agent Ctor Detail : P RIESTRA, ANA Y 610 ASH ST. PORT SAINT LUCIE FL 34952 VP RIESTRA, CARLOS D 610 ASH ST.	Title Name Address City-State-Zip: Title Name	P RIESTRA, ANA Y 610 ASH ST. PORT ST. LUCIE FL 34952 SECR CHEZ, DIANA E 2350 S.E. RICH ST.	03/13/2019
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title Name	EIESTRA ANA Electronic Signature of Registered Agent Ctor Detail : P RIESTRA, ANA Y 610 ASH ST. PORT SAINT LUCIE FL 34952 VP RIESTRA, CARLOS D 610 ASH ST.	Title Name Address City-State-Zip: Title Name Address	P RIESTRA, ANA Y 610 ASH ST. PORT ST. LUCIE FL 34952 SECR CHEZ, DIANA E 2350 S.E. RICH ST.	03/13/2019

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000007585

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.

Name

Address

SIGNATURE: ANA Y. RIESTRA

CHEZ, DIANA E

610 ASH ST.

City-State-Zip: PORT SAINT LUCIE FL 34952

Name

Address

PRESIDENTE

CHEZ, DIANA E

City-State-Zip: PORT SAINT LUCIE FL 34952

610 ASH

03/13/2019 Date

FILED Mar 13, 2019

Electronic Signature of Signing Officer/Director Detail