

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000005660

**Entity Name:** MINISTERIO CREADOS PARA ADORAR CORP

**Current Principal Place of Business:**

2748 NW 104TH AVENUE  
# 103  
SUNRISE, FL 33322

**Current Mailing Address:**

2748 NW 104 TH AVENUE  
# 103  
SUNRISE, FL 33322

**FEI Number:** 86-3834168

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOSPINAL, WERNER R  
2748 NW 104TH AVENUE  
#103  
SUNRISE, FL 33322 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            DIR.  
Name            HOSPINAL, WERNER R  
Address        2748 NW 104TH AVENUE # 103  
City-State-Zip:    SUNRISE FL 33322

Title            TREA  
Name            PINEDA-NIZO, PATRICIA  
Address        2748 NW 104TH AVENUE #103  
City-State-Zip:    SUNRISE FL 33322

*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:** WERNER HOSPINAL

**DIRECTOR**

**04/05/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date