

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000006176

**Entity Name:** MINISTERIO INTERNACIONAL DE LIBERACION ROMPIENDO CADENAS, INC.

**FILED**  
**Jan 27, 2024**  
**Secretary of State**  
**4603141843CC**

**Current Principal Place of Business:**

830 9TH ST APT 8  
MIAMI, FL 33139

**Current Mailing Address:**

830 9TH ST APT 8  
MIAMI, FL 33139

**FEI Number: 87-0966388**

**Certificate of Status Desired: No**

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

DELGADO, JOHN  
830 9TH ST APT 8  
MIAMI, FL 33139 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 P  
Name DELGADO, JOHN  
Address 830 9TH ST APT 8  
City-State-Zip: MIAMI FL 33139

Title SECRETARIA  
Name AGRAMONTE, LILIAN  
Address 1980 BIARRITZ DR  
APT A  
City-State-Zip: MIAMI FL 33141

Title TESORERO  
Name PINEDA, BRAYAN  
Address 1017 JEFFERSON AVE  
APT 307  
City-State-Zip: MIAMI FL 33139

Title SUB TESORERO  
Name ILSIAS , PAREDES  
Address 1017 JEFFERSON AVE  
APT 307  
City-State-Zip: MUAMI FL 33139

Title CO PASTOR  
Name EDGAR , CHAVARRIA  
Address 1017 JEFFERSON AVE  
APT 307  
City-State-Zip: MIAMI FL 33139

*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: JOHN DELGADO**

**PRESIDENTE**

**01/27/2024**

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

\_\_\_\_\_  
Date