


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 769021					
1. Entity Name MINISTERIO EVANGELISTICO MI CRISTO VIVE, INC.					
Principal Place of Business 3550 W. 84TH ST. HIALEAH, FL 33018			Mailing Address 3550 W. 84TH ST. HIALEAH, FL 33018		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 59-2335862	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GARCIA-BARBON, VICTORIO 3550 W. 84TH ST. HIALEAH, FL 33018			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PVD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA-BARBON, VICTORIO		NAME		
STREET ADDRESS	3171 S.W. 173RD TERR		STREET ADDRESS	U00000735029	
CITY-ST-ZIP	MIRAMAR, FL		CITY-ST-ZIP	05/10/07-80017-013 61.25	
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORALES, ROLANDO R		NAME		
STREET ADDRESS	10211 SW FLAGLER TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33174		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DURAN, SILVIO		NAME		
STREET ADDRESS	120 E. 35 ST.		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA-BARBON, CARMEN B		NAME		
STREET ADDRESS	3171 S.W. 173RD TERR		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:		Signature and typed or printed name of signing officer or director <i>Victorio Garcia-Barbon</i>		Date 4/20/07 (301) 505-7083	