


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N00000000259 <b>1. Entity Name</b> MINISTERIO CRISTIANO DISCIPULAR INC.	
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<b>Principal Place of Business</b> 5050 NW 7TH ST., #302 MIAMI, FL 33126	<b>Mailing Address</b> 5050 NW 7TH ST., #302 MIAMI, FL 33126
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**DO NOT WRITE IN THIS SPACE**



01202004 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> NOT APPLICABLE	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  WEITNAUER, JORGE 5050 NW 7TH ST., #302 MIAMI, FL 33126
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**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.

<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
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<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000054692 02/17/04-80005-018 70.00
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD WEITNAUER, JORGE 5050 NORTHWEST 7TH STREET #302 MIAMI, FL 33126
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VPD TABORA, LESLY R 5050 NORTHWEST 7TH STREET #302 MIAMI, FL 33126
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T WEITNAUER, RUTH 3160 MUNDY STREET #121 MIAMI, FL 33133
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b> 	<b>2/14/04</b> <b>305-4466977</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>