2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED May 03, 2005 8:00 am Secretary of State

05-03-2005 90162 040 ****70.00

DOCUMENT	#	N0000000259
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1. Entity Name

MINISTERIO CRISTIANO DISCIPULAR INC.

Pris pal Place of Business 505 NW 7TH ST #302 330 Cardinal St. Miami Springs, FL 33166-3962 Mailing Address
330 Cardinal St.
Miaml Springs, FL 33166-3962



04202005 No Chg-NP

055___

CR2E037 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

505 MIA

TITLE

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

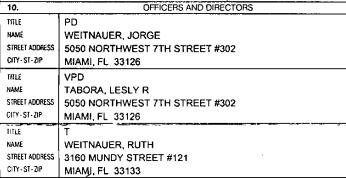


Mr. Jorge Weltnauer 330 Cardinal St. Miami Springs, FL 33166-3962

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 The above named entity submits this statement for the the obligations of registered agent. 	purpose of changing its registered office or i	registered agent, or bot	th, in the State of Florida. I am familiar with, and acc	:ept
SIGNATURE Signature, typed or printed name of registered agent and title	d applicable. (NOTE; Registered Agent signatur	e required when reinstating)	DATE	
Filing Fee is \$61.25	Election Campaign Financing	\$5.00 May Be		

Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees





Mr. Jorge Weltnauer 330 Cardinal St. Miami Springs, FL-33166-3962

330 Cardinal St. Miami Springs, FL 33166-3962

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NAME
STREET ADDRESS
CITY - ST- 2IP

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

SIGNATURE:

GNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/05

305-884 7848

Daytime Phone #