

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

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000002854**

**1. Entity Name**  
**DIOS RESPONDE MINISTRIES, INC.**



**Principal Place of Business**

**3045 NW 19TH ST  
MIAMI, FL 33125**

**Mailing Address**

**3045 NW 19TH ST  
MIAMI, FL 33125**

**DO NOT WRITE IN THIS SPACE**



04292004 No Chg-NP CR2E037 (10/03)

**4. FEI Number**  
**65-0998244**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**NUNEZ, ALEJANDRO ESQ  
250 GIRALDA AVE  
MIAMI, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** PD  
**NAME** EXPOSITO, TERESITA G  
**STREET ADDRESS** 3045 NW 19TH ST  
**CITY-ST-ZIP** MIAMI, FL 33125

**TITLE** VPD  
**NAME** EXPOSITO, ELADIO  
**STREET ADDRESS** 3045 NW 19TH ST  
**CITY-ST-ZIP** MIAMI, FL 33125

**TITLE** SD  
**NAME** PRADO, EVELYN T  
**STREET ADDRESS** 7523 SW 109 AVE  
**CITY-ST-ZIP** MIAMI, FL 33173

**TITLE** TD  
**NAME** MATOS, MARIA E  
**STREET ADDRESS** 3045 NW 19TH ST  
**CITY-ST-ZIP** MIAMI, FL 33125

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

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

000000153446  
05/04/04-80118-022 61.25

**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.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Teresita G. Exposito* *Teresita G. Exposito* 4/28/04 - 305-968-9578