

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90010 045 ****70.00

DOCUMENT # N00000004811

1. Entity Name
MINISTERIOS APOSTOLAR CENTRO CRISTIANO, INC.



Principal Place of Business
**601 S. ROYAL POINCIANA BLVD.
APT 25 A
MIAMI SPRINGS, FL 33166**

Mailing Address
**601 S. ROYAL POINCIANA BLVD.
APT 25 A
MIAMI SPRINGS, FL 33166**



02222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3743649	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ESPINOZA, JOSE R
601 S. ROYAL POINCIANA BLVD.
#25A
MIAMI SPRINGS, FL 33166**

**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 relating)

03/05/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARENCO, AUGUSTO C 601 S. ROYAL POINCIANA BLVD. APT. 25 A MIAMI SPRINGS, FL 33166
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ESPINOZA, JOSE R 601 S. ROYAL POINCIANA BLVD. APT. 25 A MIAMI SPRINGS, FL 33166
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CARDENAS, IGNACIO C 936 NW 2ND STREET APT 2 MIAMI, FL 33128
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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

03/05/07 (305) 888-7578
Date Daytime Phone #