


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90025 013 ****61.25

DOCUMENT # N00000008056					
1. Entity Name MINISTERIO CRISTO EL REY, INC.					
Principal Place of Business 4648 NW 107 AVE SUITE 12507 MIAMI, FL 33178			Mailing Address 4648 NW 107 AVE SUITE 108 MIAMI, FL 33126		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1059793	
				Applied For <input type="checkbox"/> Not Applicable	
				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, IDALMIS DR. 4648 NW 107 AVE SUITE 2507 MIAMI, FL 33126				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by September 8, 2006		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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, IDALMIS			NAME	
STREET ADDRESS	4648 NW 107 AVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, EDGAR			NAME	
STREET ADDRESS	4648 NW 107 AVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, ILEANA			NAME	
STREET ADDRESS	4648 NW 107 AVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, AISHA			NAME	
STREET ADDRESS	4648 NW 107 AVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, ISIS ASST.			NAME	
STREET ADDRESS	4648 NW 107 AVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33178			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, JOSHUA			NAME	ALEXIS GARCIA
STREET ADDRESS	4648 NW 107 AVE			STREET ADDRESS	4648 NW 107 AVE
CITY-ST-ZIP	MIAMI, FL 33178			CITY-ST-ZIP	MIAMI, FL 33178
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: <i>[Signature]</i>				6/30/06 786-237-0542	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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