2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001135

Entity Name: MINISTERIO VIDA PLENA, INC.

FILED Apr 25, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
P.O. BOX 2 WINDERMI	255 ERE, FL 34786	3					
Current Mailing Address:				New Mailing Address:			
P.O. BOX 2 WINDERMI	255 ERE, FL 34786	5					
FEI Number: 59-3698311 FEI Number Applied For () FEI N			FEI Num	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
COGO, FABIO 4657 CASON COVE DR. APT. 2921 ORLANDO, FL 32811 US				COGO, FABIO 4617 CASON COVE DR. APT. 917 BLDG 9 ORLANDO, FL 32811 US			
The above in the State		ibmits this statement for the pu	rpose of	f changing it	s registered o	office or registered agent	, or both,
SIGNATURE: FABIO COGO				04/25/2005			
	Electronic	Signature of Registered Agen	t			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () DOBERLAENDER, 1018 WATERSID CELEBRATION, I	E DR		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () COBERLAENDER, 1018 WATERSID CELEBRATION, I	E DR		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	COGO, FABIO T	Delete VE DR, APT 2921 2811 US		Title: Name: Address: City-St-Zip:	COGO, FABIO	COVE DR. APT. 917 BLDG 9	
Title: Name: Address: City-St-Zip:	DT () COSTA, HENRIQ 5322 PEBBLE BI ORLANDO, FL 3	EACH DR		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MORAIS, GISELL	VE DR APT 2115		Title: Name: Address: City-St-Zip:	D (X ALMEIDA, AND 6113 RALEIGH ORLANDO, FL	l ST. APT. 405	
Title: Name: Address: City-St-Zip:	D () C CURIONE, FERN 1476 HEMPEL A' WINDERMERE, I	V E		Title: Name: Address: City-St-Zip:	PINZON, VIVÌA	I CIR. APT. 1833	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDRE R. OBERLAENDER DP 04/25/2005