

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90012 020 \*\*\*\*61.25

**DOCUMENT # N01000001135**

1. Entity Name  
**MINISTERIO VIDA PLENA, INC.**



Principal Place of Business  
P.O. BOX 2255  
WINDERMERE, FL 34786

Mailing Address  
P.O. BOX 2255  
WINDERMERE, FL 34786

2. Principal Place of Business - No P.O. Box #  
**5170 MILLENIA BLVD**

3. Mailing Address

Suite, Apt. #, etc.  
**301**

Suite, Apt. #, etc.

04192007 Chg-NP CR2E037 (12/06)

City & State  
**ORLANDO FL.**

City & State

4. FEI Number  
**59-3698311**

Applied For  
Not Applicable

Zip  
**32839**

Country  
**U.S.A.**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COGO, FABIO  
4617 CASON COVE DR.  
APT. 917 BLDG 9  
ORLANDO, FL 32811

Name  
**COGO, FABIO T.**

Street Address (P.O. Box Number is Not Acceptable)  
**5170 MILLENIA BLVD.**

APT. 301

City  
**ORLANDO**

FL Zip Code  
**32839**

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 **FABIO COGO**

**04/19/07**

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, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME OBERLAENDER, ALEXANDRE R  
STREET ADDRESS 1018 WATERSIDE DR  
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE VP ☐ Delete  
NAME OBERLAENDER, MARCIA  
STREET ADDRESS 1018 WATERSIDE DR  
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE D ☐ Delete  
NAME COGO, FABIO T  
STREET ADDRESS 4617 CASON COVE DR. APT. 917 BLDG 9  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE DT ☐ Delete  
NAME COSTA, HENRIQUE  
STREET ADDRESS 5322 PEBBLE BEACH DR  
CITY-ST-ZIP ORLANDO, FL 32811

TITLE D ☒ Delete  
NAME SOUZA, ANDREA  
STREET ADDRESS 6113 RALEIGH ST APT 405  
CITY-ST-ZIP ORLANDO, FL 32835

TITLE DS ☐ Delete  
NAME OLIVEIRA, DANIELLE  
STREET ADDRESS 5322 PEBBLE BCH DR  
CITY-ST-ZIP ORLANDO, FL 32811

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME COGO, FABIO T.  
STREET ADDRESS 5170 MILLENIA BLVD. APT. 301  
CITY-ST-ZIP ORLANDO, FL 32839

TITLE DT ☒ Change ☐ Addition  
NAME COSTA, HENRIQUE  
STREET ADDRESS 5258 MILLENIA BLVD. APT. 101  
CITY-ST-ZIP ORLANDO, FL 32839

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☒ Change ☐ Addition  
NAME OLIVEIRA, DANIELLE  
STREET ADDRESS 5258 MILLENIA BLVD. APT. 101  
CITY-ST-ZIP ORLANDO, FL 32839

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: **FABIO COGO**

**04/19/07**

**(407) 370-6445**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #