

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2008 8:00 am
Secretary of State

06-13-2008 90001 049 ****70.00

DOCUMENT # N01000001135	
1. Entity Name MINISTERIO VIDA PLENA, INC.	



Principal Place of Business 5170 MILLENIA RD 301 ORLANDO, FL 32839	Mailing Address P.O. BOX 2255 WINDERMERE, FL 34786
--	--



2. Principal Place of Business - No P.O. Box # 8144 Banyan BLVD	3. Mailing Address 8144 Banyan BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State Orlando - FLORIDA	City & State Orlando - FLORIDA
Zip 32819	Zip 32819
Country USA	Country USA

4. FEI Number 59-3698311	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent COGO, FABIO 5170 MILLENIA BLVD APT. 301 ORLANDO, FL 32839	
---	--

7. Name and Address of New Registered Agent Name Henrique Costa Street Address (P.O. Box Number is Not Acceptable) 8144 Banyan BLVD City Orlando FL Zip Code 32819	
--	--

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 *Henrique Costa* **Henrique Costa** DATE **06/10/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	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 NAME STREET ADDRESS CITY-ST-ZIP	DP OBERLAENDER, ALEXANDRE R 1018 WATERSIDE DR CELEBRATION, FL 34747 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OBERLAENDER, MARCIA 1018 WATERSIDE DR CELEBRATION, FL 34747 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COGO, FABIO T 5170 MILLENIA BLVD., APT 301 ORLANDO, FL 32839 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COSTA, HENRIQUE 5258 MILLENIA BLVD., APT 101 ORLANDO, FL 32839 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COSTA, Henrique 8144 Banyan BLVD Orlando - FL - 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS OLIVEIRA, DANIELLE 5258 MILLENIA BLVD., APT 101 ORLANDO, FL 32839 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Oliveira, Danielle 8144 Banyan BLVD Orlando - FL - 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Alexandre Oberlaender* **ALEXANDRE OBERLAENDER - DP** Date **6/10/08** Daytime Phone # **407-227-4884**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR