

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
04 JAN 28 PM 12:17

DOCUMENT # N01000003596 1. Entity Name NUEVO CAMINAR MINISTERIO CATOLICO, INC.					
Principal Place of Business 727 EAST 9 STREET HIALEAH, FL 33010			Mailing Address 727 EAST 9 STREET HIALEAH, FL 33010		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01152004 Chg-NP CR2E037 (10/03) 03-0478889	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC 941 FOURTH STREET MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent 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 May 1, 2004		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	PD CABRERA, RAMON 727 E 9TH STREET HIALEAH, FL 33010	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 400028402504 02/09/04--01026--025 **61.25 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABRERA, RAMON 727 E. 9TH STREET HIALEAH, FL 33010	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP/T JUAN PABLO REYES 727 E. 9th St. Hialeah, FL 33010	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTILLO, OLGA 727 E 9TH STREET HIALEAH, FL 33010	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition D Georgina Amador 727 E. 9th St. Hialeah, FL 33010	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GONGORA, ADOLFO 727 E. 9TH STREET HIALEAH, FL 33010	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, LAZARO 727 E 9TH STREET HIALEAH, FL 33010	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONGORA, ADOLFO 727 E 9TH STREET HIALEAH, FL 33010	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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					
Date 1/15/04 Daytime Phone #					