

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005937

FILED
May 09, 2006
Secretary of State

Entity Name: MINISTERIOS EN LA ROCA, INC.

Current Principal Place of Business:

2807 CAMOMILE DR.
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

2807 CAMOMILE DR.
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 30-0008647 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JIMENEZ, JAIME ESQ.
2807 CAMOMILE DR.
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BERRIOS, EDGAR
Address: 2807 CAMOMILE DR.
City-St-Zip: ORLANDO, FL 32837

Title: VD () Delete
Name: ALEMAN, REENIER R
Address: 5331 VINELAND RD.
City-St-Zip: ORLANDO, FL 32811

Title: STD () Delete
Name: MARCIAL, ANTONIO
Address: 1263 LAS CRUCES DR.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V () Delete
Name: AYALA, ALVARO H
Address: 7558 MEGAN ELISSA LN
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: EDGAR BERRIOS

PD

05/09/2006

Electronic Signature of Signing Officer or Director

Date