

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90006 037 \*\*\*\*70.00

**DOCUMENT # N01000006391**

1. Entity Name

**MINISTERIO CRISTIANO FE Y PODER INCORPORATED**



Principal Place of Business

1261 SE 8 COURT  
HIALEAH FL 33010  
US

Mailing Address

11201 SW 55 STREET  
BOX 255  
MIRAMAR FL 33025  
US

2. Principal Place of Business

**1261 SE 8 COURT**

Suite, Apt. #, etc.

3. Mailing Address

**11201 SW 55<sup>th</sup> STREET**

Suite, Apt. #, etc.

**UNIT 255**

City & State

**HIALEAH FLORIDA**

City & State

**MIRAMAR, FLORIDA**

Zip

**33010**

Country

**USA**

Zip

**33025**

Country

**USA**

4. FEI Number

**65-1136380**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**GRANADA MARTINEZ, PEDRO A  
11201 SW 55 STREET  
BOX 255  
MIRAMAR FL 33025**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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 PD  
NAME GRANADA MARTINEZ, PEDRO A ☐ Delete  
STREET ADDRESS 11201 SW 55 STREET  
CITY-ST-ZIP MIRAMAR FL 33025

TITLE D  
NAME GRANADA, MARIA ☐ Delete  
STREET ADDRESS 11201 SW 55 STREET  
CITY-ST-ZIP MIRAMAR FL 33025

TITLE D ☒ Delete  
NAME DOMINGUEZ, IRMA  
STREET ADDRESS 11201 SW 55 STREET  
CITY-ST-ZIP MIRAMAR FL 33025

TITLE D ☐ Delete  
NAME DOMINGUEZ, FREDY  
STREET ADDRESS 11201 SW 55 STREET *-> changed address*  
CITY-ST-ZIP MIRAMAR FL 33025

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ALVARADO, NANCY GUADALUPE  
STREET ADDRESS 5002 NW 188 STREET  
CITY-ST-ZIP OPA LOCKA, FL 33055

TITLE D ☒ Change ☐ Addition  
NAME DOMINGUEZ, FREDY  
STREET ADDRESS 4955 NW 188 ST  
CITY-ST-ZIP OPA LOCKA, FL 33055

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

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

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: PRESIDENT PEDRO A. GRANADA MARTINEZ 02-17<sup>th</sup>-04 305-773-3622**

SIGNATURE AND TYPED OR REDDED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #