


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90245 033 \*\*\*\*75.00

<b>DOCUMENT # N02000000120</b>	
1. Entity Name <b>MINISTERIO CRISTIANO LA GRAN COMISION, INC.</b>	

Principal Place of Business <b>7116 BAY DRIVE #1 MIAMI BEACH, FL 33141</b>	Mailing Address <b>709 10 ST #2-A MIAMI BEACH, FL 33139</b>
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2. Principal Place of Business <b>7116 BAY DRIVE</b>	3. Mailing Address <b>7116 BAY DRIVE</b>
Suite, Apt. #, etc. <b>#1</b>	Suite, Apt. #, etc. <b>#1</b>
City & State <b>MIAMI BEACH FL</b>	City & State <b>MIAMI BEACH, FL</b>
Zip <b>33141</b>	Country <b>DADE</b>



04122005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-1150425</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent		
<b>ROBLES, WILFREDO REV.</b> <b>709 10 ST</b> <b>#2-A</b> <b>MIAMI BEACH, FL 33139</b>		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City <b>FL</b> 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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROBLES, WILFREDO</b> <b>709 10 ST #2-A</b> <b>MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROBLES, WILFREDO</b> <b>709 10 ST #2-A</b> <b>MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MENDEZDEZ, SANDRA</b> <b>786 NW 36 ST</b> <b>MIAMI, FL 33127</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SANDRA MENDEZ</b> <b>786 NW 36 ST.</b> <b>MIAMI, FL 33127</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RIVERA, LUZ E</b> <b>650 EUCLID AVE #1</b> <b>MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S_T</b> <b>LUZ E. RIVERA</b> <b>650 EUCLID #1</b> <b>MIAMI BEACH FL 33139</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MENDEZ, EMERLY</b> <b>786 36 ST</b> <b>MIAMI, FL 33127</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DELETE- MENDEZ EMELY</b> <b>786 36 ST</b> <b>MIAMI, FL 33127</b> <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
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 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:**  **Wilfredo Robles** **04-18-05 305-531-4128**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #