

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004923

FILED
Jan 06, 2006
Secretary of State

Entity Name: MINISTERIO APOSTOLICO MUNDIAL COMPASION, INC.

Current Principal Place of Business:

5644 AMERICAN CIRCLE
DEL REY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

5644 AMERICAN CIRCLE
DEL REY BEACH, FL 33484

New Mailing Address:

FEI Number: 03-0471037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONSECA, FERNANDO PASTOR
5644 AMERICAN CIRCLE
DEL REY BEACH, FL 33484 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: FONSECA, FERNANDO PASTOR
Address: 5644 AMERICAN CIRCLE
City-St-Zip: DEL REY BEACH, FL 33484

Title: VD () Delete
Name: FONSECA, CONSUELO
Address: 5644 AMERICAN CIRCLE
City-St-Zip: DEL REY BEACH, FL 33484

Title: SD () Delete
Name: FONSECA, MARIA
Address: 5644 AMERICAN CIRCLE
City-St-Zip: DEL REY BEACH, FL 33484

Title: TD () Delete
Name: PEREZ, LUIS C
Address: 5644 AMERICAN CIRCLE
City-St-Zip: DEL REY BEACH, FL 33484

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: FONSECA FERNANDO

PD

01/06/2006

Electronic Signature of Signing Officer or Director

Date