2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000006024

1. Entity Name
MINISTERIO INTERNACIONAL CAMINO DE SANTIDAD, INC.

Principal Place of Business	Mailing Address
7949 NW 2ND STREET MIAMI, FL 33126	7949 NW 2ND STREET MIAMI, FL 33126

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01242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-1172284

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, JOSE L
7949 NW 2ND STREET
MIAMI, FL 33126

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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 JOSE LUIS ALVAREZ 1407 SW 19th Street, Miami, Fl 33145 1/25/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARNICKI, DANIEL
STREET ADDRESS	7949 NW 2ND STREET
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VD
NAME	GARNICKI, BLANCA
STREET ADDRESS	7949 NW 2ND STREET
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	TD
NAME	OVIEDO, NELSON
STREET ADDRESS	6121 W. 24 AVNEUE 109
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	VD
NAME	ALVERZ, JOSE LUIS
STREET ADDRESS	1407 SW 19TH STREET
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	SD
NAME	CARDENAS, NUBIA
STREET ADDRESS	250 NW SOUTH RIVER DRIVE #111
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/10/06-80034-013 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: JOSE LUIS ALVAREZ 1/25/06 (305)269-9911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #