

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 10, 2008 8:00 am
Secretary of State

04-23-2008 90034 039 ****70.00

DOCUMENT # N02000007073	
1. Entity Name MINISTERIO EL BUEN SAMARITANO, INC.	

Principal Place of Business 415 E. 12 ST HIALEAH, FL 33010	Mailing Address 415 E. 12 ST HIALEAH, FL 33010
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DO NOT WRITE IN THIS SPACE

66013876



02262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 03-0492706	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SOTOLONGO, JAVIER Y REV
6100 E. 2ND AVE
HIALEAH, FL 33010

**DO NOT WRITE
IN THIS SPACE**

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 releasing)
Signature, typed or printed name of registered agent and date if applicable. DATE _____

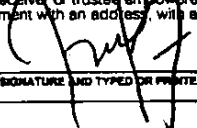
Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOTOLONGO, JAVIER Y REV. 6100 E. 2ND AVENUE HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, OSVALDO REV DELETE 4781 NW 6 ST MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOTOLONGO, EUNICE 6100 E 2ND AVENUE HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BORREGO, FERMINA N 265 E. 17 ST HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 817, 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:  **4/8/08 786-493-6951**

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