# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 05, 2004**
**Secretary of State**

DOCUMENT# N02000008794

**Entity Name:** MINISTERIO JESUCRISTO A TU ALCANCE, INC.

**Current Principal Place of Business:**

630 E 59TH STREET
HIALEAH, FL 33013

**New Principal Place of Business:**

8051 W 24 AVENUE #15
HIALEAH, FL 33016

**Current Mailing Address:**

630 E 59TH STREET
HIALEAH, FL 33013 13

**New Mailing Address:**

8051 W 24 AVENUE #15
HIALEAH, FL 33016

**FEI Number: 01-0751950** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CUBAS, ALBERTO
630 E 59 STREET
HIALEAH, FL 33013 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: P ( ) Delete
Name: CUBAS, ALBERTO
Address: 630 E 59TH STREET
City-St-Zip: HIALEAH, FL 33013

Title: VP ( ) Delete
Name: CUBAS, MAYDELIN
Address: 630 E 59 STREET
City-St-Zip: HIALEAH, FL 33013

Title: D ( ) Delete
Name: CUBAS, ALBERTO
Address: 630 E 59TH STREET
City-St-Zip: HIALEAH, FL 33013

Title: D ( ) Delete
Name: CUBAS, MAYDELIN
Address: 630 E 59TH STREET
City-St-Zip: HIALEAH, FL 33013

Title: T ( ) Delete
Name: SUAREZ, MARIA C
Address: 6045 NW 186 ST #108
City-St-Zip: HIALEAH, FL 33015

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**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:

Title: T (X) Change ( ) Addition
Name: RODRIGUEZ, MILAGROS C
Address: 15311 NW 6TH CT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Change (X) Addition
Name: MEDINA, RICARDO
Address: 8051 W 24 AVENUE #15
City-St-Zip: HIALEAH, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EMILIO VARGAS D 04/05/2004
Electronic Signature of Signing Officer or Director — Date

EMILIO VARGAS
1759 NW 80 AVENUE #38C
MARGATE, FLORIDA 33063