

FILED  
Apr 29, 2004 8:00 am  
Secretary of State

04-29-2004 90210 043 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N02000009394

1. Entity Name  
ALBERTO M. DELGADO MINISTRIES INC.



Principal Place of Business  
P.O. BOX 557251  
MIAMI, FL 33255

Mailing Address  
P.O. BOX 557251  
MIAMI, FL 33255

94073557



2. Principal Place of Business  
12295 SW 93 AVE  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04272004 Chg-NP CR2E037 (10/03)

City & State  
Miami, Florida

City & State

4. FEI Number  
- APPLIED FOR

☒ Applied For  
☐ Not Applicable

Zip  
33176

Country  
USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

DELGADO, ALBERTO M  
12295 SW 93 AVE  
MIAMI, FL 33176

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
DELGADO, ALBERTO M  
12295 SW 93 AVE  
MIAMI, FL 33176 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
DELGADO, MARIAM J  
12295 SW 93 AVE  
MIAMI, FL 33176 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
JIVANJEE, ESTHER  
5400 SW 77 CT APT 3K  
MIAMI, FL 33155 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04

Date

(305) 273-1263

Daytime Phone #