2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

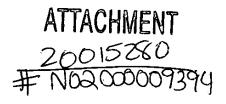
SIGNATURE: _

SIGNATURE AND THEF OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 13, 2006 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # N0200009394 1. Entity Name ALBERTO M. DELGADO MINISTRIES INC.									03-13-2006 S	0089 04	4 *****/0.	00
Principal Place of Business 12295 SW 93 AVE. MIAMI, FL 33176			P.0.1	Mailing Address P.O.BOX 557251 MIAMI, FL 33255				20015280				
2. Principal Pf	tace of Busin	ess	3. Mai	ling Address								
Suite, Apt. #, etc.			Şı	Suite, Apt. #, etc.				02072006	Chg-NP	CR2E0	37 (11/05)	
City & State			Ci	City & State				4. FEI Numbe		1/2/19		plied For t Applicable
Zip	Zip Country		Zi	Zip		ntry 5. Certificate of S		of Status Desired	Status Desired			
6. Name and Address of Current Register								7. Name and Address of New Registered Agent				
DELGADO 12295 SW MIAMI, FL	93 AVE	ГО М				Street A	ddress (P.O. Box Numbe	r is Not Acceptab		Zip Cod	e
	named entit ions of regis	y submits this statement lered agent.	for the purp	pose of changing its	register		register	red agent, or bot	h, in the State of F	FL orida. I am	-	
SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if ap	plicable. (NOT	E: Registere	d Agent signat	ure required	d when reinstating)		DATE	•	
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May B Added to Fees	G		k payable to	
10.		OFFICERS AND D	DIRECTORS	3	11.			ADDITIONS/CHA	ANGES TO OFFIC	RS AND D		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DP DELGAD 12295 SV MIAMI, FI			☐ Delete			4879	tor rsio, Felix NW 4 street i, Fl 33126			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DELGAD 12295 SV MIAMI, FI			☐ Delete			5020	etary , Vilma SW 139 Ct i, FL 33175			☐ Change	⊠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	E, ESTHER 77 CT APT 3K L 33155		☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	•						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	ME EET ADDRESS (-ST-ZIP					☐ Change	Addition
indicated of the co	i on this repo	ne information supplied work or supplemental report the receiver or trustee em tachment with an address	t is true and opowered to s, with all o	accurate and that execute this repor	my signa t as requ	emptions of sture shall ired by Ch	contained have the apter 61	d in Chapter 119 same legal effect 7, Florida Statute	es; and that my na	I further ce roath; that I ne appears	rtify that the ii am an office in Block 10 o	nformation r or director ir Block 11 if



February 27, 2006

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302

Dear Sirs:

I am enclosing a check in the amount of \$70.00;

- \$61.25 for the annual report filing fee
- \$8.75 for the certificate

Thank you for your attention in this matter.