2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004
Secretary of State

DOCUMENT# N03000000401

Entity Name: MINISTERIO ROMPIENDO CADENAS INC.

Current Principal Place of Business:

4031 NE 8TH AVENUE
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

4031 NE 8TH AVENUE
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 13-4235814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROSA, MIGUEL JR.
4031 NE 8TH AVENUE
POMPANO BEACH, FL 33064 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:	PD	( ) Delete
Name:	ROSA, MIGUEL JR.	
Address:	4031 NE 8TH AVENUE	
City-St-Zip:	POMPANO BEACH, FL 33064	
Title:	D	( ) Delete
Name:	RIVERA, ESTEBAN T	
Address:	4031 NE 8TH AVENUE	
City-St-Zip:	POMPANO BEACH, FL 33064	
Title:	D	( ) Delete
Name:	BERNACETT, FERNANDO	
Address:	14760 S. BECKLEY SQUARE	
City-St-Zip:	DAVIE, FL 33325	
Title:	D	( ) Delete
Name:	CUEVAS, DOMINGO	
Address:	511 N. 39TH STREET	
City-St-Zip:	POMPANO BEACH, FL 33064	
Title:	D	( ) Delete
Name:	SANTIAGO, AIDA	
Address:	5380 NE 5TH TERR. #8201	
City-St-Zip:	POMPANO BEACH, FL 33064	
Title:	TD	( ) Delete
Name:	HERNANDEZ, MARIBEL	
Address:	1438 NE 5TH AVE. #2	
City-St-Zip:	FT. LAUDERDALE, FL 33304	

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:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	ORTIZ, MILAGROS	
Address:	3519 W. ATLANTIC BLVD APT#1205	
City-St-Zip:	POMPANO BEACH, FL 33069	

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: MIGUEL ROSA JR. PD 01/16/2004

Electronic Signature of Signing Officer or Director — Date