

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90026 031 \*\*\*\*61.25

**DOCUMENT # N03000001716**

1. Entity Name

GABRIEL'S DREAM MINISTRIES, CORP.



Principal Place of Business

2336 N 1 ST  
MIAMI FL 33126

Mailing Address

2336 N 1 ST  
MIAMI FL 33126

2. Principal Place of Business

2336 N.W. 1<sup>st</sup> Street

3. Mailing Address

2336 N.W. 1<sup>st</sup> Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI, FLORIDA

MIAMI, FLORIDA

City & State

City & State

4. FEI Number

06-1681152

Applied For

Not Applicable

Zip

Country

33126 USA

Zip

Country

33126 USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, ONDINA  
411 NW 107 AVE APT 102  
MIAMI FL 33172

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

**FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ONDINA	
STREET ADDRESS	411 NW 107 AVE APT 102	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZAYAS, MARIA T	
STREET ADDRESS	8767 NW 168 LN	
CITY-ST-ZIP	MIAMI FL 33118	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORALES, MARISOL	
STREET ADDRESS	8767 NW 168 LN	
CITY-ST-ZIP	MIAMI FL 33118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Anda Hernandez-Pen.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-2004 (305) 264-3422  
Date Daytime Phone #