


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2007 8:00 am
Secretary of State

08-10-2007 90048 039 ****61.25

DOCUMENT # N03000004103		
1. Entity Name MINISTERIOS CAMINO DE FE, INC.		

60054562



Principal Place of Business 3671 SW 20 ST MIAMI, FL 33145	Mailing Address 3671 SW 20 ST MIAMI, FL 33145
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07252007 Chg-NP CR2E037 (12/06)

4. FEI Number 900290407	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ZUAZO, ERNESTO 3671 SW 20 ST MIAMI, FL 33145		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

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	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZUAZO, ERNESTO			NAME			
STREET ADDRESS	3671 SW 20 ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33145			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZUAZO, MILAGROS N			NAME			
STREET ADDRESS	3671 SW 20 ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33145			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALASIN, FLERIDA			NAME			
STREET ADDRESS	3671 SW 20 ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33145			CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALASIN, ALEJANDRO			NAME			
STREET ADDRESS	3671 SW 20 ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33145			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* **DR. Ernesto Zuazo** 08-07-07/786-200-1011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #