

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000004374

1. Entity Name
MINISTERIO INTERNACIONAL NUEVO NACIMIENTO,
INC.



Principal Place of Business

3130 NW 28 ST
MIAMI, FL 33142 US

Mailing Address

3130 NW 28 ST
MIAMI, FL 33142 US

FILED

2008 MAY -2 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05012008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
71-0944098

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALEMAN, ANTONIO
3130 NW 28 ST
MIAMI, FL 33142

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALEMAN, ANTONIO D 3130 NW 28 ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALEMAN, INES M 3130 NW 28 ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREZ, JOSE J 1890 NW 18 ST MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CORTES, SEGUNDO 3150 NW 25 AVE MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400129220564
05/13/08--01030--007 **61.25

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/08 (726)3150777
Date Daytime Phone #