


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

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90146 033 ****61.25

DOCUMENT # N0300005838
 1. Entity Name
MINISTERIOS COSTA ESTE, INC.



Principal Place of Business Mailing Address
 17036 SW 144 COURT 17036 SW 144 COURT
 MIAMI FL 33177 MIAMI FL 33177

14021000



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address
 17036 SW 144 CT 17036 S.W 144 CT
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Miami Florida City & State Miami Florida
 Zip 33177 Country Zip 33177 Country

4. FEI Number 55-0838592 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PAZ, OSCAR
 17036 SW 144 COURT
 MIAMI FL 33177

7. Name and Address of New Registered Agent
 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 _____ DATE **04-24-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	PAZ, OSCAR	
STREET ADDRESS	17036 SW 144 COURT	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BLANCO, JORGE	
STREET ADDRESS	3119 CLAYBORNE AVE	
CITY-ST-ZIP	ALEXANDRA VA 22306	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	FONSECA, ROOSEVELT	
STREET ADDRESS	4748 VIA CARMEN	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: _____ DATE: **April 24, 2004**
SIGNATURE AND TITLE OF PRINTED NAME OF BOARD OFFICER OR DIRECTOR