
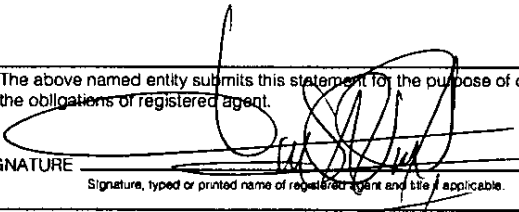
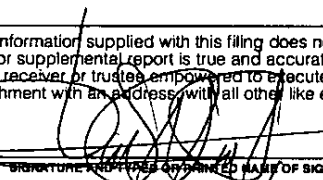


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90570 013 ****61.25

DOCUMENT # N03000005838					
1. Entity Name MINISTERIOS COSTA ESTE, INC.					
Principal Place of Business 17036 SW 144 COURT MIAMI, FL 33177			Mailing Address 17036 SW 144 COURT MIAMI, FL 33177		
2. Principal Place of Business 2500 SW 107 Ave #28.		3. Mailing Address The Same.			
Suite, Apt. #, etc. Suite 28		Suite, Apt. #, etc. The Same.			
City & State Miami Florida		City & State Miami, Florida		4. FEI Number 55-0838592	
Zip 33165		Country U.S.A.		Applied For Not Applicable	
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 PAZ, OSCAR Street Address (P.O. Box Number is Not Acceptable) 9456 SW 154 Place City Miami FL Zip Code 33165		
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 04-26-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	DP PAZ, OSCAR 17036 SW 144 COURT MIAMI, FL 33177	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9456 SW 154 Place Miami, FL 33196	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLANCO, JORGE 3119 CLAYBORNE AVE ALEXANDRA, VA 22306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 04-26-05	
SIGNATURE AND PRINTED OR BANNED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 305	