

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90236 001 ****61.25
04-21-2006 90236 002 *****8.75

DOCUMENT # N03000005838

1. Entity Name
MINISTERIOS COSTA ESTE, INC.



Principal Place of Business
**2500 SW 107 AVE #28
SUITE 28
MIAMI, FL 33165**

Mailing Address
**17036 SW 144 COURT
MIAMI, FL 33165**

66011213



2. Principal Place of Business

2500 SW 107 AVE

Suite, Apt. #, etc.

SUITE # 27

City & State

MIAMI, FL

3. Mailing Address

2500 SW 107 AVE

Suite, Apt. #, etc.

SUITE # 27

City & State

MIAMI, FL

04162006

Chg-NP

CR2E037 (11/05)

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
9456 SW 154 PL
MIAMI, FL 33165**

7. Name and Address of New Registered Agent

Name **PAZ, OSCAR**

Street Address (P.O. Box Number is Not Acceptable)

9346 SW 154 PL

City **MIAMI**

FL

Zip Code

33196

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, 2006**

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** ☐ Delete
NAME **PAZ, OSCAR**
STREET ADDRESS **9456 SW 154 PL**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE **DV** ☒ Delete
NAME **BLANCO, JORGE**
STREET ADDRESS **3119 CLAYBORNE AVE**
CITY-ST-ZIP **ALEXANDRA, VA 22306**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME **PAZ, OSCAR**
STREET ADDRESS **9346 SW 154 PL**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE **DV** ☐ Change ☒ Addition
NAME **PAZ, GERMANO**
STREET ADDRESS **9346 SW 154 PL**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE **DT** ☐ Change ☒ Addition
NAME **ECHADODID, IUDU**
STREET ADDRESS **5925 NW 110 CT**
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #