

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AB)

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90325 041 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             |                                                                                            |                                                                                                                                                                     |                                                                                                                                                             |  |
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| <b>DOCUMENT # N03000005986</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                                            |                                                                                                                                                                     |                                                                                                                                                             |  |
| <b>1. Entity Name</b><br>MINISTERIO CRISTIANO PRINCIPE DE PAZ INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                                                                                            |                                                                                                                                                                     |                                                                                                                                                             |  |
| <b>Principal Place of Business</b><br>1315 HOMESTEAD ROAD UNIT E<br>P.O. BOX 1077<br>LEHIGH ACRES FL 33970                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                                                                            | <b>Mailing Address</b><br>1315 HOMESTEAD ROAD UNIT E<br>P.O. BOX 1077<br>LEHIGH ACRES FL 33970                                                                      |                                                                                                                                                             |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             | <b>3. Mailing Address</b>                                                                  |                                                                                                                                                                     |                                                                                                                                                             |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             | Suite, Apt. #, etc.                                                                        |                                                                                                                                                                     |                                                                                                                                                             |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             | City & State                                                                               |                                                                                                                                                                     |                                                                                                                                                             |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                     | Zip                                                                                        | Country                                                                                                                                                             | <b>4. FEI Number</b><br>65-1204330                                                                                                                          |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |                                                                                            |                                                                                                                                                                     | <b>\$8.75 Additional Fee Required</b>                                                                                                                       |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>SANTOS, YOLANDA<br>200 E 5TH STREET<br>LEHIGH ACRES FL 33972                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                                                                            | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |                                                                                                                                                             |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |                                                                                            |                                                                                                                                                                     |                                                                                                                                                             |  |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                                                            |                                                                                                                                                                     |                                                                                                                                                             |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                     | <b>\$5.00 May Be Added to Fees</b>                                                                                                                          |  |
| <b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                                                            |                                                                                                                                                                     |                                                                                                                                                             |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                                                                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                        |                                                                                                                                                             |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>P</b><br>SANTOS, FERNANDO<br>200 E. 5TH STREET<br>LEHIGH ACRES FL 33972  | <input type="checkbox"/> Delete                                                            | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>T</b><br>SANTOS, YOLANDA<br>200 E. 5TH STREET<br>LEHIGH ACRES FL 33972   | <input checked="" type="checkbox"/> Delete                                                 | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <b>Treasurer</b><br>Jesus Lopez<br>3100 E 3rd St<br>Lehigh Acres FL 33972<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VP</b><br>SANTOS, JONATHAN<br>200 E. 5TH STREET<br>LEHIGH ACRES FL 33972 | <input checked="" type="checkbox"/> Delete                                                 | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                           |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>S</b><br>SANTOS, CALEB<br>200 E. 5TH STREET<br>LEHIGH ACRES FL 33972     | <input checked="" type="checkbox"/> Delete                                                 | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <b>Secretary</b><br>Cosme Rodriguez<br>207 Truman<br>Lehigh Acres FL 33972<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br>LOPEZ, NIVEA NIEVES<br>3100 3 3RD ST.<br>LEHIGH ACRES FL 33972  | <input checked="" type="checkbox"/> Delete                                                 | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <b>Hediberto Soto (Director)</b><br>3100 E 3rd St.<br>Lehigh Acres FL 33972<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D</b><br>LOPEZ, JESUS<br>3100 E 3RD ST.<br>LEHIGH ACRES FL 33972         | <input checked="" type="checkbox"/> Delete                                                 | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                               | <b>Arturo Ossq (Director)</b><br>207 Truman<br>Lehigh Acres FL 33972<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |  |
| <b>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.</b> |                                                                             |                                                                                            |                                                                                                                                                                     |                                                                                                                                                             |  |
| <b>SIGNATURE:</b> <i>Fernando Santos</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                                                            | 4/9/04 239-368-3310                                                                                                                                                 |                                                                                                                                                             |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                                                                                            | <small>Date Daytime Phone #</small>                                                                                                                                 |                                                                                                                                                             |  |

*Fernando Santos*

5/5/04