

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90050 040 ****61.25

DOCUMENT # N03000007166

1. Entity Name
MINISTERIO EVANGELISTICO EL SHADDAI, INC.



Principal Place of Business
**6295 LAKE WORTH RD
SUITE 29
LAKE WORTH, FL 33463 US**

Mailing Address
**5495 CLUB ROAD
HAVERHILL, FL 33415 US**

60028811



03212007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
3772 S. MILITARY TRAIL

3. Mailing Address
Suite, Apt. #, etc.

4. FEI Number
20-0174928

Applied For
Not Applicable

City & State
LAKE WORTH, FLORIDA

City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip
33461

Country
USA

Zip

Country

6. Name and Address of Current Registered Agent

**PACHECO, NELSON
5495 CLUB ROAD
HAVERHILL, FL 33415**

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

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, 2007

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PACHECO, NELSON
5495 CLUB ROAD
HAVERHILL, FL 33415** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
PACHECO, YAJAIRA
5495 CLUB ROAD
HAVERHILL, FL 33415** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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:

NELSON PACHECO, PRESIDENT 03/21/2007 (561) 541-7554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #