


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2006 8:00 am**  
**Secretary of State**

05-17-2006 90014 020 \*\*\*150.00

<b>DOCUMENT # N03000007931</b> 1. Entity Name <b>MINISTERIO JUAN 3:16, INC.</b>					
Principal Place of Business <b>8722 NW 112 ST HIALEAH GARDENS, FL 33018</b>			Mailing Address <b>8722 NW 112 ST HIALEAH GARDENS, FL 33018</b>		
2. Principal Place of Business <b>11300 NW 87 CT SUITE 163B</b>		3. Mailing Address <b>SAME AS ABOVE</b>			
City & State <b>HIALEAH GARDENS, FL</b>		City & State <b>HIALEAH GARDENS, FL</b>		4. FEI Number <b>20-0228492</b>	
Zip <b>33010</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DIAZ, O.J. 7951 SW 40 ST STE 206 MIAMI, FL 33155</b>				7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 <u><i>[Signature]</i></u> <b>GUSTAVO PEREZ (PRESIDENT)</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>5-8-06</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing 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>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP PEREZ, GUSTAVO 8722 NW 112 ST HIALEAH GARDENS, FL 33018</b> <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	<b>DS BONACHEA, SURIZADAY 8722 NW 112 ST HIALEAH GARDENS, FL 33018</b> <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	<b>DT CASTILLO, JOSE 8722 NW 112 ST HIALEAH GARDENS, FL 33018</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DT REYNIER DEL TORO 8722 NW 112 ST HIALEAH GARDENS, FL 33018</b> <input type="checkbox"/> Change <input checked="" 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 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: <u><i>[Signature]</i></u> <b>GUSTAVO PEREZ</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>5-8-06</b> Daytime Phone # <b>786-344-0025</b>	