## FILED Jul 12, 2004 8:00 am Secretary of State 07-12-2004 90018 050 \*\*\*\*61.25

## **2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # N03000010010  1. Entity Name MINISTERIO INTERNACIONAL LA HORA DE GRACIA, INC			с 🕼				
1541 SE 12 AVE #10		Mailing Address 1541 SE 12 AVE #10 HOMESTEAD, FL 33034		44048099			
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2. Principal P	face of Business	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		07062004 Chg-	NP CR2E037 (10/03)		
City & State		City & State	.,	4. FEI Number - 80 - 00 8	PZZZY Not	lied For Applicable	
Zip	Country	Zip '	Country	5. Certificate of Status	Desired	ional	
	6. Name and Address of Current	Registered Agent	Norma	7. Name and Addres	s of New Registered Agent		
LOPEZ, OSCAR J				Name  Street Address (P.O. Box Number is Not Acceptable)			
4115 SE 12 AVE #10 HOMESTEAD, FL 33038			Street Addres	SS (F.O. BOX NUMBER IS NOT	Acceptable)		
	e e san ja		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 The state of the sta							
, '	Signature, typed or printed name or registered against	and little if applicable. 🔪 (NOTE: A	legistered Agent signature requ	lired when reinstating)	DATE		
Ď	Filing Fee is \$61.25 ue by September 8, 2004	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	Make check payable to Florida Department of Sta	ite	
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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 furstee 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 all other tike empowered.

SIGNATURE:

MONATURE AND TYPEDOOR PROPER NAME OF SIGNING OFFICER OR DIRECTOR