


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			
Principal Place of Business 1541 SE 12 AVE #10 HOMESTEAD, FL 33034		Mailing Address 1541 SE 12 AVE #10 HOMESTEAD, FL 33034	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 80-0082224		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, OSCAR J 4115 SE 12 AVE #10 HOMESTEAD, FL 33038		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, OSCAR J 1541 SE 12 AVE #10 HOMESTEAD, FL 33034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. OMARES Vianey <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1541 SE 12 AVE Suite #10 Homestead FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIERRA, JUAN CARLOS 1541 SE 12 AVE #10 HOMESTEAD, FL 33034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Mejia Vicente <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1541 SE 12 AVE Suite 10 Homestead FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OMARES, VIANEY 1541 SE 12 AVE #10 HOMESTEAD, FL 33034 <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	D MORALES, LISANDRO 1541 SE 12 AVE #10 HOMESTEAD, FL 33034 <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 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.			
SIGNATURE: _____		07/06/04 786-217-3367 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			