2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 11, 2006 8:00 am Secretary of State DOCUMENT # N04000000744 1: Entity Name 05-11-2006 90234 030 ****61.25 MINISTERIO HISPANO, INC. Principal Place of Business Mailing Address 1124 24TH STREET SE RUSKIN FL 33570 P.O. BOX 1507 WIMAUMA FL 33598 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 20-0624147 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Manam DIAZ, MIRIAM M 920 LAKEVIEW DR. WIMAUMA FL 33598 oune 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. Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete THE TITLE ☐ Change Addition DIAZ, JOSE NAME NAMI 920 LAKEVIEW DR. STREET ADDRESS STREET ADDRESS WIMAUMA FL 33598 CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition marian m. Diaz DIAZ, MIRIAM NAME NAME 920 LAKEVIEW DR. STREET ADDRESS STREET ADDRESS WIMAUMA FL 33598 CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MENDEZ, GERARDO NAME STREET ADDRESS 302 27TH ST S.E. STREET ADDRESS RUSKIN FL 33570 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Z Delete NAME MEZA, NORA NAME 108 W. SHELL POINT RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RUSKIN FL 33570 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition ROCHA, ALBERTO 2409 11TH AVE, S.E. STREET ADDRESS STREET ADDRESS RUSKIN FL 33570 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 prustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11

ike empowered.

SIGNATURE

th an address, with all other

if changed, or on an attact

813-633-1814

FILED