2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000002844

1. Entity Name
MINISTERIO ALIANZO CRISTIANA Y MISIONERA, INC.

FILED
Mar 06, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
4391 N.W. 167TH STREET OPA LOCKA, FL 33055	4391 N.W. 167TH STREET OPA LOCKA, FL 33055

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02262006 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, DANIEL
4391 N.W. 167TH STREET
OPA LOCKA, FL 33055

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RODRIGUEZ, DANIEL
STREET ADDRESS	2414 JACKSON STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	D
NAME	ROSADO, FREDESVINDA
STREET ADDRESS	4501 NW 207TH DRIVE
CITY-ST-ZIP	CAROL CITY, FL 33055
TITLE	D
NAME	COLON, VICTOR
STREET ADDRESS	4391 N.W. 167TH STREET
CITY-ST-ZIP	OPA LOCKA, FL 33055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/16/06-80004-005 61.25

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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: _____ 3-2-06 (305) 525-6162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #