


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90283 014 ****61.25

DOCUMENT # N04000009728 1. Entity Name MINISTERIO DE RENOVACION INTL SENDA, INC.					
Principal Place of Business 1400 NW 108TH AVE #274 PLANTATION, FL 33322			Mailing Address 1400 NW 108TH AVE #274 PLANTATION, FL 33322		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SERRA, RAFAEL D 1400 NW 108TH AVE #274 PLANTATION, FL 33322				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	PRES <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRA, RAFAEL D			NAME	
STREET ADDRESS	1400 NW 108TH AVE #274			STREET ADDRESS	
CITY - ST - ZIP	PLANTATION, FL 33322			CITY - ST - ZIP	
TITLE	DIR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEHOYOS, ANNETTE C			NAME	
STREET ADDRESS	15731 NW 7TH STREET			STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES, FL 33028			CITY - ST - ZIP	
TITLE	SEC <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILLIER, BEATRIZ			NAME	
STREET ADDRESS	761 E. COCO PLUM CIRCLE			STREET ADDRESS	
CITY - ST - ZIP	PLANTATION, FL 33324			CITY - ST - ZIP	
TITLE	DIR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTTA, JESSENIA			NAME	
STREET ADDRESS	1400 NW 108TH AVE #274			STREET ADDRESS	
CITY - ST - ZIP	PLANTATION, FL 33322			CITY - ST - ZIP	
TITLE	DIR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALVO, YULICA			NAME	
STREET ADDRESS	761 E. COCO PLUM CIRCLE			STREET ADDRESS	
CITY - ST - ZIP	PLANTATION, FL 33324			CITY - ST - ZIP	
TITLE	DIR <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDERO, GILDA			NAME	
STREET ADDRESS	10841 NW 8TH STREET			STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES, FL 33026			CITY - ST - ZIP	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date April 30/05 Daytime Phone # _____	

14017237



04182005 Chg-NP CR2E037 (10/03)

4. FEI Number **20-1755820** Applied For ☐ Not Applicable ☐

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