

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90375 022 ****61.25

DOCUMENT # N04000010614					
1. Entity Name MINISTERIOS CONEXIONES DIVINAS, INC.					
Principal Place of Business 205 NORTHWEST BOULEVARD MIAMI, FL 33126 6280 NW 186 ST			Mailing Address 205 NORTHWEST BOULEVARD MIAMI, FL 33126 6280 NW 186 ST		
2. Principal Place of Business APT 215 Suite, Apt. #, etc. HIALEAH City & State FL		3. Mailing Address APT 215 Suite, Apt. #, etc. HIALEAH City & State FL			
Zip 33015		Country USA		03242005 Chg-NP CR2E037 (10/03)	
4. FEI Number 20-1862583		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PONCE, RICARDO M 205 NORTHWEST BOULEVARD MIAMI, FL 33126			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 NAME STREET ADDRESS CITY-ST-ZIP	P PONCE, RICARDO M 205 NORTHWEST BOULEVARD MIAMI, FL 33126 <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	SA EBERLE, EMILIA C 205 NORTHWEST BOULEVARD MIAMI, FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>			04/11/05 305-556-1436 <small>Date Daytime Phone #</small>		