

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # N04000010614

1. Entity Name
MINISTERIOS CONEXIONES DIVINAS, INC.



Principal Place of Business
2334 SE 23 TERRACE
HOMESTEAD, FL 33035

Mailing Address
2334 SE 23 TERRACE
HOMESTEAD, FL 33035



03242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1862583	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

PONCE, RICARDO M
2334 SE 23 TERRACE
HOMESTEAD, FL 33035

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PONCE, RICARDO M 2334 SE 23 TERRACE HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SA EBERLE, EMILIA C 2334 SE 23 TERRACE HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/05/07-80046-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/07

Date

305-230-9196

Daytime Phone #