

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000012060

1. Entity Name

THE PASTOR CHARITABLE FOUNDATION INC.



Principal Place of Business

**5999 BISCAYNE BLVD.
MIAMI, FL 33137**

Mailing Address

**5999 BISCAYNE BLVD.
MIAMI, FL 33137**

DO NOT WRITE IN THIS SPACE



05162006 No Chg-NP

CR2E037 (4/08)

4. FEI Number

11-3753831

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PASTOR, JOSE C
5999 BISCAYNE BLVD.
MIAMI, FL 33137**

**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 September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

PASTOR, JOSE C

STREET ADDRESS

5999 BISCAYNE BLVD.

CITY-ST-ZIP

MIAMI, FL 33137

TITLE

D

NAME

PASTOR, MICHELLE

STREET ADDRESS

5999 BISCAYNE BLVD.

CITY-ST-ZIP

MIAMI, FL 33137

TITLE

D

NAME

PASTOR, MARIO

STREET ADDRESS

5999 BISCAYNE BLVD.

CITY-ST-ZIP

MIAMI, FL 33137

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11070001565781
05/22/06-80012-016 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

Date

Daytime Phone #

5/17/06 (305) 758 7774