

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90015 003 ****70.00

DOCUMENT # N05000002610 1. Entity Name MINISTERIO CASA DE ALABANZA EN GRACIA, INC.					
Principal Place of Business 4845 NW 7TH STREET MIAMI, FL 33126			Mailing Address 4845 NW 7TH STREET MIAMI, FL 33126		
2. Principal Place of Business 4845 NW 7th St Suite, Apt. #, etc. -108- City & State MIAMI		3. Mailing Address 4845 NW 7th St Suite, Apt. #, etc. 108 City & State MIAMI			
Zip 33126		Country Miami		4. FEI Number 07062006 Chg-NP CR2E037 (4/06)	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent BALVI, YOLANDA 4845 NW 7TH STREET MIAMI, FL 33126			
7. Name and Address of New Registered Agent 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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> SIGNATURE </div> <div style="text-align: right;"> July 05 - 2006 DATE </div> </div> <p style="font-size: small; text-align: center;">(NOTE: Registered Agent signature required when re-registering)</p>			
Filing Fee is \$61.25 Due by September 8, 2006		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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
P BALVI, YOLANDA REV. 4845 NW 7TH STREET MIAMI, FL 33126		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
V VEGA, CESAR REV. 950 SW 1ST STREET MIAMI, FL 33130		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
T CASTANEDAS, FERMIN I REV. 840 82ND STREET #3 MIAMI BEACH, FL 33141		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:		07-05-06 305 3101699 Date Daytime Phone #			