


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

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000004750</b> 1. Entity Name <b>EL ALFARERO - MINISTERIO APOSTOLICO GRANDES OBRAS, INC.</b>	
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Principal Place of Business <b>318 FERRARA COURT KISSIMMEE, FL 34758</b>	Mailing Address <b>318 FERRARA COURT KISSIMMEE, FL 34758</b>
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01052007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>51-0541226</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>REYES, LUZ E REV 318 FERRARA COURT KISSIMMEE, FL 34758</b>
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**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 REYES, LUZ E REV 318 FERRARA COURT KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REYES, EFRAIN 318 FERRARA CT KISSIMMEE, FL 34758
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERNANDEZ, ANTONIA 2226 WHISTLERS PARK CIR APT 7 KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ORTIZ, AIDA I 1953 MAYAKA CT KISSIMMEE, FL 34759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000578662  
01/09/07-80038-009 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:** *Luz Esther Reyes* - Luz Esther Reyes **1/5/07** **407-452-3057**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #