

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011238

FILED  
Mar 03, 2010  
Secretary of State

**Entity Name:** MINISTERIO UN PASO DE FE INC.

**Current Principal Place of Business:**

6950 BAYSHORE RD  
NORTH FORT MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

6950 BAYSHORE RD  
NORTH FORT MYERS, FL 33917

**New Mailing Address:**

**FEI Number:** 43-2006069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: FLECHA, BENJAMIN  
Address: 928 NW 17TH ST.  
City-St-Zip: CAPE CORAL, FL 33993

Title: DVP  
Name: FLECHA, ANA L  
Address: 928 NW 17TH ST.  
City-St-Zip: CAPE CORAL, FL 33993

Title: T  
Name: OTERO, CHRISTIAM  
Address: 6950 BAYSHORE RD.  
City-St-Zip: N. FORT MYERS, FL 33917

Title: DS  
Name: SANTER, NIURKA  
Address: 6950 BAYSHORE RD.  
City-St-Zip: CAPE CORAL, FL 33917

Title: M  
Name: BOBADILLA, JUAN  
Address: 6950 BAYSHORE RD.  
City-St-Zip: N. FORT MYERS, FL 33917

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BENJAMIN FLECHA

DP

03/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date