## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000012167

FILED Apr 29, 2006 Secretary of State

Entity Name: MINISTERIO EVANGELICO "LUZ Y VERDAD" C.A INC.

Current Principal Place of Business:			New Principal Place of Business:		
	ZABETH ST. DRTH, FL 3346	51			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	TH F STREET DRTH, FL 3346	60			
FEI Numbe	er: 20-3913260	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name an	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
2905 NW MIAMI, FL	_ 33125 US		ourpose of changing its register	ed office or registered agent, or both,	
	te of Florida.	out in out the p	anpece of changing ne regions.	ou omoc or regional agent, or boar,	
SIGNATL					
	Electro	nic Signature of Registered Age	ent	Date	
OFFICER	RS AND DIREC	CTORS:		BES TO OFFICERS AND DIRECTORS	
OFFICEF Title: Name: Address: City-St-Zip:	P ( MENDEZ, RUE 914 NORTH F	) Delete BEN D STREET APT 12			
Title: Name: Address: City-St-Zip: Title: Name: Address:	P ( MENDEZ, RUE 914 NORTH F LAKE WORTH  VP ( DIEGO, ELISE 416 SOUTH C	) Delete BEN D STREET APT 12 , FL 33460 ) Delete GO J STREET	ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTOR	
Title: Name: Address:	P ( MENDEZ, RUE 914 NORTH F LAKE WORTH  VP ( DIEGO, ELISE 416 SOUTH C LAKE WORTH  S ( SEBASTIAN, R 416 SOUTH C	) Delete BEN D STREET APT 12 , FL 33460 ) Delete GO J STREET , FL 33460 ) Delete REBECA STREET	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	BES TO OFFICERS AND DIRECTOR:	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	P ( MENDEZ, RUE 914 NORTH F LAKE WORTH  VP ( DIEGO, ELISE 416 SOUTH C LAKE WORTH  S ( SEBASTIAN, F 416 SOUTH C LAKE WORTH  P.S ( MANUEL, JUAI 416 SOUTH C	) Delete BEN D STREET APT 12 , FL 33460  ) Delete O J STREET , FL 33460  ) Delete REBECA STREET , FL 33460  ) Delete N P STREET	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address:	GES TO OFFICERS AND DIRECTOR:  ( ) Change ( ) Addition  ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RUBEN MENDEZ P 04/29/2006