

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000006

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: MINISTERIO CORONADO CON PODER INC.

**Current Principal Place of Business:**

5590 NW 107TH AVE., UNIT 1112  
DORAL, FL 33178

**New Principal Place of Business:**

5590 NW 107TH AVE  
UNIT 1112  
DORAL, FL 33178

**Current Mailing Address:**

5590 NW 107TH AVE., UNIT 1112  
DORAL, FL 33178

**New Mailing Address:**

5590 NW 107TH AVE  
UNIT 1112  
DORAL, FL 33178

FEI Number: 20-8213473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VINAS, ALBA I  
5590 NW 107TH AVE., UNIT 1112  
DORAL, FL 33178 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: PD ( ) Delete  
Name: VINAS, ALBA I  
Address: 5590 NW 107TH AVE., UNIT 1112  
City-St-Zip: DORAL, FL 33178

Title: TD ( ) Delete  
Name: HERRERA, ESTHER I  
Address: 5470 NW 107TH AVE., UNIT 804  
City-St-Zip: DORAL, FL 33178

Title: D ( ) Delete  
Name: VINAS, LILA P  
Address: 5590 NW 107TH AVE., UNIT 1112  
City-St-Zip: DORAL, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ALBA I. VINAS

PD

04/20/2009

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

\_\_\_\_\_  
Date