

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000006

**FILED**  
**Apr 18, 2012**  
**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:**

**Current Mailing Address:**

5590 NW 107TH AVE  
UNIT 1112  
DORAL, FL 33178

**New Mailing Address:**

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

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

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

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: ALBA I VINAS

PD

04/18/2012

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

\_\_\_\_\_  
Date