## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000009260

Entity Name: MINISTERIO LA CASA DEL PADRE, INC.

FILED Sep 03, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

4490 W. 19TH CT., #B514 HIALEAH, FL 33012

Current Mailing Address: New Mailing Address:

4490 W. 19TH CT., #B514 HIALEAH, FL 33012

FEI Number: 26-1192413 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

ARGULO, BAYARDO L
4490 W. 19TH CT., #B514
HIALEAH, FL 33012 US

ANGULO, BAYARDO L
4490 W. 19TH CT., #B514
HIALEAH, FL 33012 US

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: BAYARDO ANGULO 09/03/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 ARGULO, BAYARDO L
 Name:
 ANGULO, BAYARDO L

 Address:
 4490 W. 19TH CT., #B514
 Address:
 4490 W. 19TH CT., #B514

 City-St-Zip:
 HIALEAH, FL 33012
 City-St-Zip:
 HIALEAH, FL 33012

Title: VD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GARCIA, BARBARA
 Name:

 Address:
 4490 W. 19TH CT., #B514
 Address:

 City-St-Zip:
 HIALEAH, FL 33012
 City-St-Zip:

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition Name: ARGULO, BIANKA Name: ANGULO, BIANKA

 Address:
 4490 W. 19TH CT., #B514
 Address:
 4490 W. 19TH CT., #B514

 City-St-Zip:
 HIALEAH, FL 33012
 City-St-Zip:
 HIALEAH, FL 33012

Title: TD () Delete Title: () Change () Addition

 Name:
 MENDOZA, OBED
 Name:

 Address:
 8851 SW 204 LANE
 Address:

 City-St-Zip:
 MIAMI, FL 33189
 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: BARBARA GARCIA VD 09/03/2008