

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011099

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** MINISTERIO DEL SENOR ROMPIENDO LAS CADENAS, INC.

**Current Principal Place of Business:**

4726 WHISPERING WIND AVE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4726 WHISPERING WIND AVE  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 26-1414145

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALLEGRI DE GONZALEZ, LUISA  
4726 WHISPERING WIND AVE  
TAMPA, FL 33614 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: P  
Name: ALLEGRI DE GONZALEZ, LUISA  
Address: 4726 WHISPERING WIND AVE  
City-St-Zip: TAMPA, FL 33614

Title: VP  
Name: VAZQUEZ, ZORAIDA  
Address: 4726 WHISPERING WIND AVE  
City-St-Zip: TAMPA, FL 33614

Title: S  
Name: RODRIGUEZ, LUZ  
Address: 4726 WHISPERING WIND AVE  
City-St-Zip: TAMPA, FL 33614

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: LUISA ALLEGRI DE GONZALEZ

P

04/30/2010

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

\_\_\_\_\_  
Date