

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001675

FILED  
Jun 15, 2011  
Secretary of State

**Entity Name:** MINISTERIO PALABRA Y PODER, INCORPORATED

**Current Principal Place of Business:**

8527 PINES BLVD, SUITE #212  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

8527 PINES BLVD,  
SUITE #212  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

8527 PINES BLVD, SUITE #212  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

8527 PINES BLVD,  
SUITE #212  
PEMBROKE PINES, FL 33024

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JUAN J. PEREZ & ASSOCIATES, P.A.  
8569 PINES BLVD  
SUITE #216  
PEMBROKE PINES, FL 33024 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: D  
Name: MARROQUIN ALDANA, RAUL EDUARDO  
Address: 8527 PINES BLVD, SUITE #212  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D  
Name: ALDANA PEREZ, EDUARDO ADOLFO  
Address: 8527 PINES BLVD, SUITE #212  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D  
Name: RIVERA CALDERON, DAVID SALOMON  
Address: 8527 PINES BLVD, SUITE #212  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D  
Name: ALONZO DE RIVERA, PENELOPE  
Address: 8527 PINES BLVD, SUITE #212  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D  
Name: MENDOZA YAQUIAN, RODOLFO ARTURO  
Address: 8527 PINES BLVD, SUITE #212  
City-St-Zip: PEMBROKE PINES, FL 33024

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: DAVID S.RIVERA

D

06/15/2011

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

\_\_\_\_\_  
Date