

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001675

FILED  
Apr 04, 2012  
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:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 27-1996834

**FEI Number Applied For ( )**

**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

04/04/2012

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

\_\_\_\_\_  
Date