


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90222 027 ****80.00

DOCUMENT # N14273 1. Entity Name MINISTERIO LA SENDA ANTIGUA CORP.	
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Principal Place of Business 4341 NORTHWEST 167TH ST. CAROL CITY, FL 33055-4310	Mailing Address 4341 NORTHWEST 167TH ST. CAROL CITY, FL 33055-4310
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DO NOT WRITE IN THIS SPACE



04152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2668606	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CARRASQUILLO, ANGEL L
195 N.W. 72ND ST.
MIAMI, FL 33150**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARRASQUILLO, ANGEL L 195 N.W. 72 ST. MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARRASQUILLO, ESTHER 195 N.W. 72 ST. MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLON, LUIS 10050 S.W. 41ST TERRACE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRASQUILTO, ANGEL L 3310 S.W. 40 ST. HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDERO, JESUS 16824 N.W. 44TH AVENUE OPA LOCKA, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-15-05 305-758-7700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #