

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N14273

1. Entity Name
MINISTERIO LA SENDA ANTIGUA CORP.



Principal Place of Business
**4341 NORTHWEST 167TH ST.
CAROL CITY, FL 33055-4310**

Mailing Address
**4341 NORTHWEST 167TH ST.
CAROL CITY, FL 33055-4310**



02242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2668606

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CARRASQUILLO, ANGEL L
STREET ADDRESS 195 N.W. 72 ST.
CITY-ST-ZIP MIAMI, FL 33150

TITLE SD
NAME CARRASQUILLO, ESTHER
STREET ADDRESS 195 N.W. 72 ST.
CITY-ST-ZIP MIAMI, FL 33150

TITLE TD
NAME COLON, LUIS
STREET ADDRESS 4101 NW 165 ST
CITY-ST-ZIP MIAMI, FL 33054

TITLE D
NAME CARRASQUILLO, ANGEL L
STREET ADDRESS 3310 S.W. 40 ST.
CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE D
NAME MEDERO, JESUS
STREET ADDRESS 16824 N.W. 44TH AVENUE
CITY-ST-ZIP OPA LOCKA, FL 33055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U00000712621
04/26/07-80055-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07

Date

(786) 285-0273

Daytime Phone #