


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.	
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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



02242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2668606	<input type="checkbox"/> Applied For <input checked="" 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, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

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 4101 NW 165 ST MIAMI, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRASQUILLO, 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	

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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: Angel L. Carrasquillo SR. **3/19/07** **(786) 285-0273**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #