

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14273

FILED
Apr 23, 2008
Secretary of State

Entity Name: MINISTERIO LA SENDA ANTIGUA CORP.

Current Principal Place of Business:

4341 NORTHWEST 167TH ST.
CAROL CITY, FL 330554310

New Principal Place of Business:

Current Mailing Address:

4341 NORTHWEST 167TH ST.
CAROL CITY, FL 330554310

New Mailing Address:

FEI Number: 59-2668606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARRASQUILLO, ANGEL L
195 N.W. 72ND ST.
MIAMI, FL 33150 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: PD () Delete
Name: CARRASQUILLO, ANGEL L
Address: 195 N.W. 72 ST.
City-St-Zip: MIAMI, FL 33150

Title: SD () Delete
Name: CARRASQUILLO, ESTHER
Address: 195 N.W. 72 ST.
City-St-Zip: MIAMI, FL 33150

Title: TD () Delete
Name: COLON, LUIS
Address: 4101 NW 165 ST
City-St-Zip: MIAMI, FL 33054

Title: D () Delete
Name: CARRASQUILLO, ANGEL L
Address: 3310 S.W. 40 ST.
City-St-Zip: HOLLYWOOD, FL 33023

Title: D () Delete
Name: MEDERO, JESUS
Address: 16824 N.W. 44TH AVENUE
City-St-Zip: OPA LOCKA, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANGEL L CARRASQUILLO

PRES

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date