

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N17579

1. Entity Name
MINISTERIO NUEVA JERUSALEN INTERNACIONAL INCORPORATED



Principal Place of Business
**5400 SW 122 AVENUE
 MIAMI, FL 33175**

Mailing Address
**5400 SW 122 AVENUE
 MIAMI, FL 33175**



03162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2732176	Applied For
	Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORDONES, DEYANIRA
 5400 SW 122 AVENUE
 MIAMI, FL 33175**

**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, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CORDONES, RICHARD
STREET ADDRESS	5400 SW 122 AVE
CITY-ST-ZIP	MIAMI, FL

TITLE	SD
NAME	CORDONES, DEYANIRA
STREET ADDRESS	5400 SW 122 AVE
CITY-ST-ZIP	MIAMI, FL

TITLE	T
NAME	CORDONES, DANIEL
STREET ADDRESS	14165 SW 142 CT #D 405
CITY-ST-ZIP	MIAMI, FL 33183

TITLE	D
NAME	CORDONES, PATRICIA
STREET ADDRESS	15101 SW 151 AVE
CITY-ST-ZIP	MIAMI, FL 33196

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/21/05-80038-013 61.25

**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 19.07(3)(f), 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

April 18, 2005 (305) 553-1919

Date

Daytime Phone #