


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)
 4. FEI Number **59-2732176** Applied For / Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 _____ (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	

DO NOT WRITE IN THIS SPACE

000000320475
 04/21/05-80038-013 61.25

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:  DATE: **April 18, 2005** DAYTIME PHONE #: **(305) 553-1919**