

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N22858

1. Entity Name
MINISTERIO PREGONEROS DE LA FE, INC.



Principal Place of Business
**7310 FOUNTAIN AVENUE
TAMPA, FL 33634**

Mailing Address
**7310 FOUNTAIN AVENUE
TAMPA, FL 33634**



DO NOT WRITE IN THIS SPACE

03292008 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2862985

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NAZCO, VICTOR
7310 FOUNTAIN AVENUE
TAMPA, FL 33634**

**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 retaking)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
NAZCO, VICTOR
7310 FOUNTAIN AVENUE
TAMPA, FL 33634**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
RODRIGUEZ, ALEXIS
7310 FOUNTAIN AVENUE
TAMPA, FL 33634**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
RODRIGUEZ, ESTELA
4301 N. EMERALD
TAMPA, FL 33614**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

000000485871
04/13/06-80013-002 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

Victor Nazco Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/06.
Date

Daytime Phone #