## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-ZIP

TITLE

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## **ANNUAL REPORT** Feb 12, 2007 08:00 AM Secretary of State **DOCUMENT # N22858** 1. Entity Name MINISTERIO PREGONEROS DE LA FE, INC. Principal Place of Business Mailing Address 7310 FOUNTAIN AVENUE 7310 FOUNTAIN AVENUE TAMPA, FL 33634 TAMPA, FL 33634 02072007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2862985 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NAZCO, VICTOR DO NOT WRITE 7310 FOUNTAIN AVENUE TAMPA, FL 33634 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 DATE Slopature, funed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstation) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2007 OFFICERS AND DIRECTORS 10. TITLE NAME NAZCO, VICTOR STREET ADDRESS 7310 FOUNTAIN AVENUE الإنجازية والمراوية والمراجع والمراوية والمراوية والمراوية والمراوية والمراوية والمراوية والمراوية والمراوية CITY-ST-ZIP TAMPA, FL 33634 U00000632671 D TITLE NAME ~~^02/21/07-80031-012~61°25 RODRIGUEZ, ALEXIS STREET ADDRESS 7310 FOUNTAIN AVENUE CITY-ST-ZIP TAMPA, FL 33634 TITLE The Company of the Commission NAME RODRIGUEZ, ESTELA STREET ADDRESS 4301 N. EMERALD DO NOT WRITE CITY-ST-ZIP TAMPA, FL 33614

**FILED** 

12. Thereby 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.

IN THIS SPACE

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SIGNATURE: But n M ox co	VICTOR HAZCO	fres.	2/1/07.	
SIGNATURE AND TYPED OR FONTED NAME OF SIGNING OFFICER OR DIRECTOR			/ Date	Daytme Phone #