2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24615

1. Entity Name



FILED May 01, 2003 8:00 am § Secretary of State 05-01-2003 90311 001 ****61.25

MINISTER	NO CATOLICO VERBO Y VIDA						
3790 COCONUT CREEK PKY 3790 SUITE #490 SUITE		Mailing Address 3730 COCONUT-CREEK-PKY SUITE-#190 COCONUT-CREEK-FL 33066 US-	30 COCONUT GREEK P KY HTE-#190 DOONUT GREEK TI 33066		: BADIA BABA KABA BAK BAK BABA		II.II 91911 1011
5411	Place of Business STATE ROHT		BOX 1057				
Suite, Apt. #, etc. SVITE # 13					☐ CHECK HERE IF MAKING CHANGES		
City & Stat	RGATE, FL	POMPANO BE	ACH, FL	4. FEI Number 65-	0046732		Applied For Not Applicable
Z.	33060 Country S		Country	5. Certificate of Sta		8.75 A	dditional
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address	ess of New Registered A	gent	
CITTOCONID I DATDION							
110 MER	RICK WAY, SUITE 3-B SABLES FL 33134	Street Address	Street Address (P.O. Box Number is Not Acceptable)				
CORAL	ANDLES FL 33134		City		FL	Zip Co	de
	named entity submits this statement for	the purpose of changing its regist	tered office or registe	ered agent, or both, in the	ne State of Florida. I am fa	miliar with	i, and accept
the obligat	tions of registered agent.						{
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable /MOTE: Pages	tered Agent signature require	nd whon reinstation)	DATE		
	organical types or printed frame or registered agent a	The title is applicable. (10 st. 11 agris	forest when signature reduits	G WINE THE MISSELLING /	OALE		
i	FILE NOW: FEE IS \$61.25	n Financing oution.	\$5.00 May Be Added to Fees	Make Check Florida Departr			
10.	OFFICERS AND DIR	ECTORS 1	1.	ADDITIONS/CHANGE	S TO OFFICERS AND DIR	I PROTOS	N 10
TITLE	PD OF TOURS AND BIT		TITLE DPD	ADDITIONS/OFIANGE		☐ Change	
NAME	CASTELLANOS, RICAMDO	J	IAME FRAC	BERT	O CUTI	E	Addition
STREET ADDRÉSS CITY-ST-ZIP	2310 MARTIN L. KING BLVD. POMPANO BEACH FL		STREET ADDRESS" 33	CA CARTA	DEACK 114	9 B	C V D.
TITLE	VP	D0.000	ITLE	,	OBO CHIP	Change	Addition
NAME STREET ADDRESS	MAX, ROSA 5032 MALLARDS PLACE		IAME STREET ADDRESS				_
CITY-ST-ZIP	COCONUT CREEK FL 33075		ITY-ST-ZIP				
TITLE	SD SO		···· \ship	COL	TITENA ATTIPL E, FL 330	☐ Change	☐ Addition
NAME STREET ADDRESS	G apibi≠rór is 64 20 NW-88 W ay		IAME		A THE DI	10.	٥
CITY-ST-ZIP	PARKLAND-FL-33067		CITY-ST-ZIP	ADCAT	E, FC 330	368	
TITLE	VD	☐ Delete T	ITLE	- 	/	☐ Change	☐ Addition
NAME	SANCHEZ, ARMONDO		IAME				1
STREET ADDRESS CITY-ST-ZIP	510 NE 59 CT FT LAUDERDALE FL 33334		TREET ADDRESS				
TITLE	TD		ITLE	-		Change	Addition
NAME	SAINZ, MAGGIE	` N	IAME				
STREET ADDRESS CITY-ST-ZIP	4953 NW 49 WAY	and the second s	TREET ADDRESS ITY-ST-ZIP				
	TAMARAC FL 33319		· · · · · · · · · · · · · · · · · · ·			Chance	Addition
TITLE NAME			ITLE IAME			☐ Change	Addition
STREET ADDRESS		i i	TREET ADDRESS				}
CITY-ST-ZIP			ITY-ST-ZIP				
12 hereby	certify that the information supplied with	this filing does not qualify for the e	xemption stated in Se	ection 119 07(3)(i) Flor	ida Statutes I further certif	fy 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: