

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90026 027 ****70.00

DOCUMENT # N34988

1. Entity Name

MINISTERIOS EL BUEN PASTOR, INC.



Principal Place of Business

980 SW 82ND AVE
MIAMI FL 33144
US

Mailing Address

LIDIA RODRIGUEZ
PO BOX 655328
MIAMI FL 33265
US

2. Principal Place of Business

10125 N.W. 19 ST.

3. Mailing Address

10125 N.W. 19 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - Florida

City & State

MIAMI - Florida

Zip

33172

Country

USA

Zip

33172

Country

USA



MOORE

CR2E037 (11/03)

4. FEI Number

65-0223564

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EFRAIN NATANAEL MONTESINO
8510 SW28 CT.
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME RODRIGUEZ, LIDIA
STREET ADDRESS 9940 NW 29 TERR
CITY-ST-ZIP MIAMI FL

TITLE DS ☐ Delete
NAME RODRIGUEZ, LUIS
STREET ADDRESS 11841 SW 45 ST.
CITY-ST-ZIP MIAMI FL 33175

TITLE DT ☐ Delete
NAME GONZALEZ, MARIA DOLORES
STREET ADDRESS 4883 NW 97 CT.
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4970 N.W. 102 Ave. #101
CITY-ST-ZIP MIAMI - FL 33178

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: MARIA DOLORES GONZALEZ - Treasurer 2/20/04 (305) 513-3940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #