


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # N34988 1. Entity Name MINISTERIOS EL BUEN PASTOR, INC.	
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Principal Place of Business
10125 N.W. 19 ST
MIAMI, FL 33172 US

Mailing Address
10125 N.W. 19 ST
MIAMI, FL 33172 US



01232005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0223564	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

EFRAIN NATANAEL MONTESINO
8510 SW28 CT.
MIAMI, FL 33155

**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 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**

000000200933
01/28/05-80049-001 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP RODRIGUEZ, LIDIA 9940 NW 29 TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS RODRIGUEZ, LUIS 11841 SW 45 ST. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT GONZALEZ, MARIA DOLORES 4970 NW 102 AVE #101 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: *Maria Dolores Gonzalez* - MARIA D. GONZALEZ *Jan. 23/05* 305-513-3940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #