

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N34988

1. Entity Name
MINISTERIOS EL BUEN PASTOR, INC.



Principal Place of Business

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

Mailing Address

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



01162006 No Chg-NP CR2E037 (11/05)

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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

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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, 2006**

9. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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02/07/06-80080-017 70.00

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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: *Maria Dolores Gonzalez* - THE ASUREK *January 26/06* (505) 513-3940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARIA DOLORES GONZALEZ