

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N45397	
1. Entity Name MINISTERIO DIOS TE AMA, INC.	
Principal Place of Business	Mailing Address
1590 N.E. 127 ST. #202 NORTH MIAMI, FL 33161 US	1590 NE 127 ST. SUITE 202 NORTH MIAMI, FL 33161 US



04132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0284928	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
ZAVALA, JULIO V 1590 N.E. 127 ST. #202 NORTH MIAMI, FL 33161

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000712445
04/26/07-80047-016-70:00

10. OFFICERS AND DIRECTORS	
TITLE	DP. PRES
NAME	ZAVALA, JULIO V
STREET ADDRESS	1590 NE 127TH STREET, #202
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	POSTOR
NAME	SALINAS, JUAN
STREET ADDRESS	1317 N.E. 116 ST.
CITY-ST-ZIP	NORTH MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Julio V. Zavala* **Julio V. ZAVALA (PRES)** 04/13/07 (305) 895-6365
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #