

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

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90022 020 ****70.00

DOCUMENT # **N45397**

1. Entity Name

MINISTERIO DIOS TE AMA, INC.



DO NOT WRITE IN THIS SPACE

40077657

2. Principal Place of Business - No P.O. Box #

1590 N.E. 127 ST

3. Mailing Address

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

CR2E037B (5/07)

City & State

NORTH MIAMI, FL

City & State

4. FEI Number

65-0284928

Applied For

Not Applicable

Zip

33161

Country

DADE

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ZAVALA, JULIO V

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

1590 NE 127th St

Apt # 202

City

NORTH MIAMI

FL

Zip Code

33161

**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

4.14.2008

**FEE IS \$61.25
Initial or Amended AR**

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

NAME

STREET ADDRESS

CITY-ST-ZIP

**DP
ZAVALA, JULIO V
1590 127th St #202
NORTH MIAMI, FL 33161**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DST
SALINAS, JUAN
1317 NE 116 St
NORTH MIAMI, FL 33161**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JULIO V ZAVALA (PRES) 4.14.2008 305 895-6365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #