2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001160

Entity Name: MINISTEDIOS NILIEVA VISIONI INC

FILED Apr 18, 2006 Secretary of State

Entity Name: MINISTERIOS NUEVA VISION, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:	
921 EAST 47TH ST. HIALEAH, FL 33013					
Current Mailing Address:			New Mailir	ng Address:	
921 EAST 47TH ST. HIALEAH, FL 33013					
FEI Number:	90-0213587	FEI Number Applied For () FE	I Number Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
BELARMINIO, MARTINEZ 921 EAST 47 STREET HIALEAH, FL 33013 US					
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.					
SIGNATURE:					
Electronic Signature of Registered Agent Date					
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () I BELARMINIO, M 90 NE 68TH ST MIAMI, FL	Delete ARTINEZ	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition BELARMINIO, MARTINEZ 931 NORTHWEST 140TH STREET MIAMI, FL 33168	
Title: Name: Address: City-St-Zip:	TD () CARO, VANESS/ 17900 NW 2 PL MIAMI, FL 3316		Title: Name: Address: City-St-Zip:	TD (X) Change () Addition CARO, VANESSA 17900 NW 2 PLACE MIAMI, FL 33169	
Title: Name: Address: City-St-Zip:	D () COLON, CELIA 460 EAST 23 ST HIALEAH, FL 33		Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	CDM () I MOYA, SAMUEL 10440 NW 29 CO MIAMI, FL 3314	DURT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	RAMIREZ, MÎRT	RICIA DRIVE, E-11	Title: Name: Address: City-St-Zip:	S (X) Change () Addition RAMIREZ, MIRTHA 6350 LAKE PATRICIA DRIVE, E-11 MIAMI LAKES, FL 33014	
Title: Name: Address: City-St-Zip:	D () I NEGRON, LUIS I 301 MICHIGAN A MIAMI BEACH, F	VENUE, #202	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BELARMINIO MARTINEZ PD 04/18/2006