# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 03, 2007 8:00 am**
**Secretary of State**
05-03-2007 90031 048 ****61.25

DOCUMENT # N93000001160

1. Entity Name
MINISTERIOS NUEVA VISION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 921 EAST 47TH ST.<br>HIALEAH, FL 33013 | 921 EAST 47TH ST.<br>HIALEAH, FL 33013 |

04112007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 90-0213587 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BELARMINIO, MARTINEZ<br>921 EAST 47 STREET<br>HIALEAH, FL 33013 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____ 4/12/07
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, 2007**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BELARMINIO, MARTINEZ<br>931 NORTHWEST 140TH STREET<br>MIAMI, FL 33168 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Dorcas Martinez<br>931 NW 140 street<br>Miami, Fl. 33168 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>CARO, VANESSA<br>17900 NW 2 PLACE<br>MIAMI, FL 33169 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>Rosa Oquendo<br>1910 NW 134 street<br>Miami, Fl. 33167 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COLON, CELIA<br>460 EAST 23 STREET #111<br>HIALEAH, FL 33013 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Sam Nieves<br>2525 NW 10 ave #108<br>Miami, Fl. 33127 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CDM<br>MOYA, SAMUEL<br>10440 NW 29 COURT<br>MIAMI, FL 33147 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Hector Melendez<br>10601 NW 17 ave # 121-A<br>Miami, FL. 33147 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>RAMIREZ, MIRTHA<br>6350 LAKE PATRICIA DRIVE, E-11<br>MIAMI LAKES, FL 33014 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Melvin J. Martinez<br>931 NW 140Street<br>Miami, Fl. 33168 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NEGRON, LUIS F<br>301 MICHIGAN AVENUE, #202<br>MIAMI BEACH, FL 33139 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Yolanda Nieves<br>2525 NW 10 ave # 108<br>Miami, Fl 33127 | ☐ Change ☒ Addition |

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:** _____ Belarminio Martinez 4/12/07 (305)688-5126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #