2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 02, 2004 08:00 AM Secretary of State DOCUMENT # N9400000801 1. Entity Name MINISTERIO EVANGELISTICO "LUZ PARA EL MUNDO" Principal Place of Business Mailing Address 1800 SW 1ST ST., #214 1800 SW 1ST ST., #214 MIAMI FL 33135 MIAMI FL 33135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 65-0472312 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PORTILLO, RENE A Street Address (P.O. Box Number is Not Acceptable) 605 N.W. 72ND AVENUE STE. 208 **MIAMI FL 33126** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to **FILE NOW: FEE IS \$61.25** \$5.00 May Be Trust Fund Contribution Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE ☐ Change TITLE PORTILLO, RENE A NAME NAME U00000023842 605 N.W. 72ND AVE. STE. 208 STREET ADDRESS STREET ADDRESS 02/02/04-80040-025 **61.25** MIAMI FL 33126 CITY-ST-ZIP CITY-ST-2IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE PORTILLO, CATALINA F NAME NAME 605 N.W. 72ND AVE. STE. 208 STREET ADDRESS STREET ADDRESS MIAMI FL 33126 CITY ST - ZIP City - St - 7IE SD Addition ☐ Delete TITLE TITLE PORTILLO, MARIA L NAME NAME 1060 N.E. 214TH STREET STREET ADDRESS STREET ADDRESS NO. MIAMI BEACH FL 33179 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITEE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition Delete TITI E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

RENEPORTILLA PRES 1-28-04 3N-822-22NO

FILED