2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000000801

1. Entity Name
MINISTERIO EVANGELISTICO "LUZ PARA EL MUNDO" INC.

Principal Place of Business	Mailing Address
1800 SW 1ST ST., #214 MIAMI, FL 33135 US	1800 SW 1ST ST., #214 MIAMI, FL 33135 US

04222006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0472312
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PORTILLO, RENE A
605 N.W. 72ND AVENUE
STE. 208
MIAMI, FL 33126

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U00000534797
05/08/06-80026-009 61.25

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PORTILLO, RENE A
STREET ADDRESS	605 N.W. 72ND AVE. STE. 208
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	T
NAME	PORTILLO, CATALINA F
STREET ADDRESS	605 N.W. 72ND AVE. STE. 208
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	SD
NAME	PORTILLO, MARIA L
STREET ADDRESS	1060 N.E. 214TH STREET
CITY-ST-ZIP	NO. MIAMI BEACH, FL 33179
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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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #