


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90131 010 \*\*\*\*61.25

<b>DOCUMENT # N94000004668</b> 1. Entity Name <b>MINISTERO CRISTO FIEL Y VERDADERO INC.</b>					
Principal Place of Business <b>10680 SW 113 PL</b> <b>MIAMI, FL 33176 US</b>			Mailing Address <b>12830 S.W. 105 TERRA S</b> <b>MIAMI, FL 33186 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>10604 SW 132ct</b> Suite, Apt. #, etc.			
City & State Zip		City & State <b>miami FL</b> Zip <b>33186</b>		4. FEI Number <b>65-0521550</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALFARO, ANA</b> <b>12830 S.W. 105 TERRA S</b> <b>MIAMI, FL 33186</b>			7. Name and Address of New Registered Agent Name <b>ALFARO ANA</b> Street Address (P.O. Box Number is Not Acceptable) <b>10604 SW 132ct</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33186</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ALFARO, CARLOS</b> <b>10680 S.W. 113 PL</b> <b>MIAMI, FL 33176</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>PINTO, ARMANDO</b> <b>10680 S.W. 113 PL</b> <b>MIAMI, FL 33176</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>ALFARO, ANA</b> <b>10680 S.W. 113 PL</b> <b>MIAMI, FL 33176</b>	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE:</b> <u>Carlos Alfaro</u> <b>Carlos Alfaro</b> <b>4/16/08</b> <b>(305) 773-3950</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					