

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000000260					
1. Entity Name MINISTERIO DE ENSEANZA LA PALABRA REVELADA, INC.					
Principal Place of Business 3550 W 84TH ST HIALEAH, FL 33018			Mailing Address 3550 W 84TH ST HIALEAH, FL 33018		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GARCIA-BARBON, VICTORIO SR. 3550 W 84TH ST HIALEAH, FL 33018				Name Street Address (P.O. Box Number is Not Acceptable) City State: 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 _____ 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	
Make check payable to Florida Department of State		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GARCIA-BARBON, VICTORIO SR. 3171 S.W. 173RD TERR MIRAMAR, FL ☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V ROLANDO, MORALES R 10211 SW FLAGLER TERR MIAMI, FL 33174 ☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S DURAN, MIRIAM 799 PALM AVENUE HIALEAH, FL 33011 ☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD GARCIA-BARBON, CARMEN B 3171 S.W. 173RD TERR MIRAMAR, FL ☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD DURAN, SILVIO 799 PALM AVENUE HIALEAH, FL 33011 ☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ALBO, SERGIO 1151 SW 142 PLACE MIAMI, FL 33184 ☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
☐ Change ☐ Addition 1100000493155 04/19/06-80094-008 61.25					
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: <i>Victorio Garcia-Barbon Pres</i> 4/1/06 305-558-8814 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					