

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 08, 2005 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |                                                                                  |                                                                    |                                                                                                                                                                                                                                       |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>DOCUMENT # N95000003700</b><br>1. Entity Name<br><b>MINISTERIO CRISTO OMNIPOTENTE A.G. CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  |                                                                                  |                                                                    |                                                                                                                                                      |                     |
| Principal Place of Business<br><b>14710 W. DIXIE HWY<br/>NORTH MIAMI FL 33180</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                                                                  | Mailing Address<br><b>6770 EVANS STREET<br/>HOLLYWOOD FL 33024</b> |                                                                                                                                                                                                                                       |                     |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |                                                                                  | 3. Mailing Address<br>Suite, Apt. #, etc.                          |                                                                                                                                                                                                                                       |                     |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |                                                                                  | City & State                                                       |                                                                                                                                                                                                                                       |                     |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  | Country                                                                          |                                                                    | 4. FEI Number<br><b>65-0602498</b>                                                                                                                                                                                                    |                     |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |                                                                                  |                                                                    | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                 |                     |
| 6. Name and Address of Current Registered Agent<br><br><b>CABALLERO, VICTOR<br/>6770 EVANS STREET<br/>HOLLYWOOD FL 33024</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                  |                                                                                  |                                                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                     |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  |                                                                                  |                                                                    |                                                                                                                                                                                                                                       |                     |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                                                  |                                                                    |                                                                                                                                                                                                                                       |                     |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>       |                                                                                                                                                                                                                                       |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>CABALLERO, VICTOR<br>6770 EVANS STREET<br>HOLLYWOOD FL 33024               | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <div style="text-align: center;"> <b>UN0000375867</b><br/> <b>08/08/05-80004-018 61.25</b> </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                   |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP<br>NIELENDEZ, A. DANIEL<br>1523 NE 143 ST<br>N. MIAMI FL 33161                | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br>RODRIGUEZ, ANDREA<br>7625 ALHAMBRA BLVD.<br>MIRAMAR FL 33023               | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TD<br>BRYANT, CARMAN<br>14637 NE 14 AVE<br>NORTH MIAMI FL 33161                  | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>BEATRIZ, CASADO A<br>1780 NE 191 ST., #412-2C<br>NORTH MIAMI BEACH FL 33170 | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>ROLON, LAURA<br>350 NE 141 STREET #319<br>N. MIAMI FL 33161                 | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |                     |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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> <i>Victor Caballero / President</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |                                                                                  | <b>8/2/05</b>                                                      |                                                                                                                                                                                                                                       | <b>954-962-0079</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                                                                  | Date                                                               |                                                                                                                                                                                                                                       | Daytime Phone #     |