

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

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90025 029 \*\*\*\*70.00

**DOCUMENT # N96000004930**

1. Entity Name

NUEVA VIDA MINISTERIO CATOLICO, INC.



Principal Place of Business

5859 N.W. 37TH STREET  
VIRGINIA GARDENS FL 33166  
US

Mailing Address

5859 N.W. 37TH STREET  
VIRGINIA GARDENS FL 33166  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0703594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~VECIN, ANTONIO~~  
~~7509 NW 169TH LANE~~  
~~MIAMI FL 33015~~

Name

MIGUEL M. GONZALEZ, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

717 Ponce de Leon Boulevard, Suite 317

Coral Gables, Florida 33134

City

**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)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME VECIN, ANTONIO  
STREET ADDRESS 7509 NW 169TH LANE  
CITY-ST-ZIP MIAMI FL 33015

TITLE D ☐ Delete  
NAME MONTEJO, BLANCA G  
STREET ADDRESS 6520 SW 17TH STREET  
CITY-ST-ZIP MIAMI FL 33155

TITLE D ☐ Delete  
NAME GONZALEZ, MIGUEL M  
STREET ADDRESS 787 PONA DE LEON BLVD #317  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS DURAN, ARIEL  
CITY-ST-ZIP 18271 S.W. 33rd Street  
Miramar, FL 33029

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

Blanca Montejo, Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2004  
Date

305-461-1650  
Daytime Phone #