

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2005 08:00 AM
Secretary of State

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



02152005 No Chg-NP OR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

GONZALEZ, MIGUEL M ESQ
717 PONCE DE LEON BLVD.
STE. 317
MIAMI, FL 33015

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEGIN, ANTONIO 7509 NW 169TH LANE MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTEJO, BLANCA G 6520 SW 17TH STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, MIGUEL M 787 PONADE LEON BLVD #317 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURAN, ARIEL 18271 SW 33RD ST. HOLLYWOOD, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000001244885
07/26/15-00002-002 70.00

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IN THIS SPACE**

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 Montijo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/05 305-461-1650
Date Daytime Phone #