2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000004930

1. Entity Name
NUEVA VIDA MINISTERIO CATOLICO, INC.

Principal Place of Business	Mailing Address
5859 N.W. 37TH STREET VIRGINIA GARDENS, FL 33166 US	5859 N.W. 37TH STREET VIRGINIA GARDENS, FL 33166 US

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01142006 No Chg-NP CR2E037 (11/05)

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

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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 _____ DATE
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

10. OFFICERS AND DIRECTORS

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

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02/02/06-80065-013 70.00

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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: Blanca Montejo 1/20/2006 305-461-1650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #