


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

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90095 014 \*\*\*\*61.25

**DOCUMENT # N98000002829**  
 1. Entity Name  
**MINISTERIOS EVANGELICOS "EL SHADDAI", CORP.**



Principal Place of Business Mailing Address  
**1452 WEST FLAGLER MIAMI FL 33135** **1452 WEST FLAGLER MIAMI FL 33135**

*SAME PLACE* *SAME PLACE*

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **65-0835640** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**CORTEZ, JOSE M**  
**909 NW 5TH STREET**  
**#402**  
**MIAMI FL 33128**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERARDO, MURALLES REV.	NAME	
STREET ADDRESS	143 NW 17 COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125	CITY-ST-ZIP	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURALLES, ERENDIRA	NAME	
STREET ADDRESS	143 NW 17 COURT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125	CITY-ST-ZIP	
TITLE	TD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORTEZ, JOSE M	NAME	
STREET ADDRESS	909 NW 5TH STREET, APT 402	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33128	CITY-ST-ZIP	
TITLE	SD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEJIA, GERTRUDIS	NAME	
STREET ADDRESS	909 NW 5TH STREET, APT 402	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33128	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** \_\_\_\_\_ **4-15-04**  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #