

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90189 042 *****75.00

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1. Entity Name

**MINISTERIO INTERNACIONAL CRISTO ETERNO DIOS,
ERA NAZARENA, INC.**

Principal Place of Business

Mailing Address

**513 EAST 25TH STREET
HIALEAH FL 33013**

**P O BOX 127178
HIALEAH FL 33012**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0853203

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

**DOMINGUEZ, LUIS
1820 W 72 PLACE
HIALEAH FL 33014**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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 ☐ Delete
NAME **PD**
STREET ADDRESS **DOMINGUEZ, LUIS**
CITY-STATE-ZIP **1820 W. 72 PLACE
HIALEAH FL 33014**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **OCA GUILLERMO, MONTES DE**
CITY-STATE-ZIP **1650 W 44TH PL #103
HIALEAH FL 33014**

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **WASSERMAN, JULIA**
CITY-STATE-ZIP **1820 W 72ND PL.
HIALEAH FL 33014**

TITLE ☒ Delete
NAME **TD**
STREET ADDRESS **RODRIGUEZ, DINORAH**
CITY-STATE-ZIP **1650 W. 44TH PL. #103
HIALEAH FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition
NAME **TD**
STREET ADDRESS **LAZARA OLIVERA**
CITY-STATE-ZIP **11770 NW GOLF DR E-302
MIAMI FL 33167**

TITLE ☐ Change ☒ Addition
NAME **M**
STREET ADDRESS **FRANCISCA E GIMENEZ**
CITY-STATE-ZIP **19201 COLLINS AVE APT.117
MIAMI Beach 33160**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Luis Dominguez* **LUIS DOMINGUEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-07

Date

**305-696-1787
786-877-7818**

Daytime Phone #