

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

0069026

DOCUMENT # N98000005368

1. Entity Name

MINSTERIO EL HIJO PRODIGO, INC.

04-29-2002 90023 024 ****61.25

Principal Place of Business
1331 CHIEF TRAIL
ORLANDO FL 32825

Mailing Address
P O BOX 570745
ORLANDO FL 32857



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

4. FEI Number **59-3498260** 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

REYES, SONIA
1331 CHIEF TRAIL
ORLANDO FL 32825

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.

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

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

Make Check Payable to Department of State

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD CARRION, RIGOBERTO	<input type="checkbox"/> Delete
STREET ADDRESS	1331 CHIEF TRAIL	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE NAME	VD MENDEZ, MELVIN	<input type="checkbox"/> Delete
STREET ADDRESS	3221 NATONA WAY	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE NAME	T CUBANO, ADA	<input type="checkbox"/> Delete
STREET ADDRESS	10104 SEARS STREET	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE NAME	S REYES, SONIA	<input type="checkbox"/> Delete
STREET ADDRESS	1331 CHIEF TRAIL	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **SIGNATURE REQUIRED**

04/15/02 407-277-7507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)