2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006504

.....

FILED Apr 28, 2005 Secretary of State

Entity Name: MINISTERIO DIOS ETERNO, INC. **Current Principal Place of Business: New Principal Place of Business:** 5 NW 11TH AVE MIAMI, FL 33130 **Current Mailing Address: New Mailing Address:** 2650 NORTHWEST 28TH STREET **UNIT 903** MIAMI, FL 33142 FEI Number: 65-0878123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **AMERILAWYER** LOPEZ, THELMA E 343 ALMERIA AVENUE 2650 NW 28 ST US CORAL GABLES, FL 33134 903 MIAMI, FL 33142 US 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: THELMA E LOPEZ 04/28/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LOPEZ, OSCAR Name: Name: Address: 2650 NORTHWEST 28TH STREET Address: City-St-Zip: MIAMI, FL 33142 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: LOPEZ, THELMA Name: Address: 2650 NORTHWEST 28TH STREET Address: City-St-Zip: MIAMI, FL 33142 City-St-Zip: Title: () Delete Title: () Change () Addition VILLATORO, JOSE Name: Name: 2650 NORTHWEST 28TH STREET Address: Address: City-St-Zip: MIAMI, FL 33142 City-St-Zip: Title: TD () Delete Title: () Change () Addition MARRERO, OLMA A Name: Name: 2650 NORTHWEST 28TH STREET Address: Address: City-St-Zip: MIAMI, FL 33142 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR LOPEZ PD 04/28/2005