


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90104 019 \*\*\*\*61.25

<b>DOCUMENT # N99000005342</b>	
1. Entity Name <b>MINISTERIO APOSTOLAR LA COSECHA FINAL INTERNATIONAL, INC.</b>	

Principal Place of Business <b>20306 NW 52 AVENUE CAROL CITY, FL 33055</b>	Mailing Address <b>20306 NW 52 AVENUE CAROL CITY, FL 33055</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

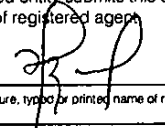
06062005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0965502**

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

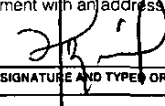
6. Name and Address of Current Registered Agent <b>RUIZ, ARACELY A 20306 NW 52 AVENUE CAROL CITY, FL 33055</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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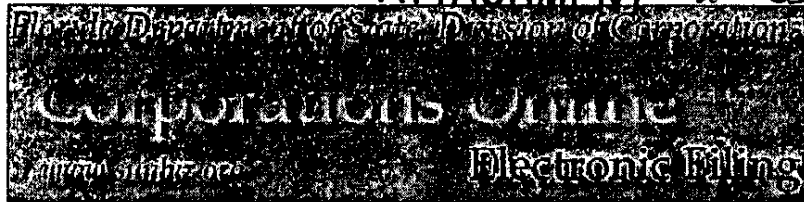
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	SIGNATURE 	DATE <b>07/20/05</b>
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<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUIZ, HERMES 20306 NW 52 AVENUE CAROL CITY, FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAMIREZ, DINA R 20306 NW 52 AVENUE CAROL CITY, FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUIZ, ARACELY A 20306 NW 52 AVE CAROL CITY, FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANCHEZ, DINA 20306 NW 52 AVE CAROL CITY, FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAMOS, LIGIO 1201 W 51 PL HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE <b>07/20/05</b>

ATTACHMENT 20063325

**Sunbiz E-file Account Deposit Slip**Check Number: 1007 Check Amount: \$ 61.25Sunbiz E-file Account Number: N 99000005342Account Name: Ministerio Apostolar la Cosecha FinalMailing Address: 20306 NW 52 AvenueCity: Carol City State: FL Zip: 33055Phone: (305) 621-4302 Fax: (305) 398-3341Contact Person: Hermes RuizSignature: [Handwritten Signature]

\*\*\*Note\*\*\*

**Make checks payable to: Florida Department of State**

Each check for deposit must be a minimum of \$300.

A Sunbiz E-file Account deposit slip should accompany each check submitted.

**Mailing Address**

Division of Corporations

Public Access Accounts

P.O. Box 6327

Tallahassee, FL 32314

**Courier Address**

Division of Corporations

Public Access Accounts

409 E. Gaines Street

Tallahassee, FL 32399



ATTACHMENT

26065332

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

June 6, 2005

MINISTERIO APOSTOLAR LA COSECHA FINAL INTERNATIONAL, IN  
20306 NW 52 AVENUE  
LOT 550  
OPA LOCKA, FL 33055

SUBJECT: MINISTERIO APOSTOLAR LA COSECHA FINAL INTERNATIONAL,  
INC.

Ref. Number: N99000005342

We have received your check(s) totaling \$61.25; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Jessica C Justice

Letter Number: 105A00039680