

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006148

**FILED
Jul 01, 2004
Secretary of State****Entity Name:** MINISTERIOS EL CAMINO, INC.**Current Principal Place of Business:**1945 S.W. 60TH PLACE
MIAMI, FL 33155**New Principal Place of Business:****Current Mailing Address:**1945 S.W. 60TH PLACE
MIAMI, FL 33155**New Mailing Address:**

FEI Number: 65-0925976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:GONZALEZ, RODOLFO
1945 S.W. 60TH PLACE
MIAMI, FL 33155**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: LEZCANO, NORMA
Address: 5440 W 21 CT APT 101
City-St-Zip: HIALEAH, FL 33016Title: VP () Delete
Name: SARASTI, ANA
Address: 8720 SW 41ST STREET
City-St-Zip: MIAMI, FL 33165Title: T () Delete
Name: GONZALEZ, RODOLFO
Address: 1945 SW 60TH PLACE
City-St-Zip: MIAMI, FL 33155Title: D () Delete
Name: JARAMILLO, LUCIANO
Address: 759 NW 106 AVE CIRCLE
City-St-Zip: MIAMI, FL 33172Title: D () Delete
Name: PADILLA, ORLANDO
Address: 6161 SW 16 TERR
City-St-Zip: MIAMI, FL 33144Title: D () Delete
Name: ROBLES, HERBERT
Address: 14220 SW 45TH TERRACE
City-St-Zip: MIAMI, FL 33175**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
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Address:
City-St-Zip:

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 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: NORMA LEZCANO

P

07/01/2004

Electronic Signature of Signing Officer or Director

Date