

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006148

FILED  
Feb 13, 2009  
Secretary of State

Entity Name: MINISTERIOS EL CAMINO, INC.

## Current Principal Place of Business:

6790 SW 12TH STREET  
MIAMI, FL 33144

## New Principal Place of Business:

## Current Mailing Address:

1945 S.W. 60TH PLACE  
MIAMI, FL 33155

## New Mailing Address:

5745 SW 51 STREET  
MIAMI, FL 33155

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 US

## Name and Address of New Registered Agent:

STRAUBE, EDGAR  
5745 SW 51 STREET  
MIAMI, FL 33155 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: EDGAR STRAUBE

02/13/2009

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 33016

Title: VP ( ) Delete  
Name: STRAUBE, EDGAR R  
Address: 5745 SW 51TH STREET  
City-St-Zip: MIAMI, FL 33155

Title: T ( ) Delete  
Name: GONZALEZ, RODOLFO  
Address: 1945 SW 60TH PLACE  
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete  
Name: JARAMILLO, LUCIANO  
Address: 759 NW 106 AVE CIRCLE  
City-St-Zip: MIAMI, FL 33172

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: LEZCANO, NORMA  
Address: 5440 W 21 CT APT 101  
City-St-Zip: HIALEAH, FL 33016

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: JARAMILLO, ATHALA  
Address: 6248 SW 14 STREET  
City-St-Zip: MIAMI, FL 33144

Title: P (X) Change ( ) Addition  
Name: JARAMILLO, LUCIANO  
Address: 6248 SW 14 STREET  
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LUCIANO JARAMILLO

P

02/13/2009

Electronic Signature of Signing Officer or Director

Date