2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 26, 2004 8:00 am

							'	SACRAT	O PY O	t Nt	atα	
DOCUMENT # N9900006276 1. Entity Name MINISTERIO PAN DE VIDA INC.								Secretary of State 04-26-2004 90579 008 ****70.00				
201 BRIDGERS AVE E 201				g Address BRIDGERS AVE E JRNDALE, FL 3382	23		1 58 8 68 8 1 5 1	1842 1841 2010 E211	1800 8 1 00 8 1 00 8	- 18 1474 1 4814 5 33	11 81 31 163 1	
Principal Place of Business 3. Mail				Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.			04202004	Chg-NP	CR2E03	7 (10/03)		
City & State			Cit	City & State			4. FEI Numbe 59-361	4. FEI Number Applied For 59-3610270 Not Applicable				
Zip	Zip Country		Zij	Zip		,				\$8.75 Add ee Required		
l	6. Name a	and Address of Current	Register	ed Agent			7. Name and	Address of New	Registered A	gent		
					N	lame						
PEREZ, MARIA 1121 29 STREET NW WINTER HAVEN, FL 33881					s	Street Address (P.O. Box Number is Not Acceptable)						
f the factor of						···			·	1 = 3	<u> </u>	
						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. I am familiar with, and accept the obligations of registered agent.												
ONNATURE.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May B Added to Fees	e P	Make check orida Depart			
10.	**	OFFICERS AND DI	RECTORS	<u> </u>	11.		ADDITIONS/CH	ANGES TO OFFI	CERS AND DIF	RECTORS IN	10	
TITLE	PD .	16.4		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			Li Delete		NAME	1				onange	- 1 144	
	STREET ADDRESS "1121 29 STREET NW		1		STREET AL	nnerss						
CITY-SI-ZIP WINTER HAVEN, FL: 33881				CITY-ST-					•			
MIE	VD 3			☐ Delete						Change	☐ Addition	
NAME:	PEREZ, LI				NAME							
STREET ADDRESS	1	TREET NW			STREET A	I			•			
CITY-ST-ZIP	 	IAVEN, FL 33881			CITY-ST-	ZIV						
TITLE	VD	O DOMANICO		Delete	TITLE					☐ Change	☐ Addition	
NAME CONCET ADDROGGE	I	O, POMANES			NAME CITYLET AL	poprier				-	-	
STREET ADDRESS CITY-ST-ZIP	1	IAVEN, FL 33881			STREET AT							
MILE	TD	# (1211,1 E 0000)		☐ Delete	TITLE					Change	☐ Addition	
NAME	GONZALE	Z. MARIA		La Detale	NAME	1						
STREET ADDRESS 9585 SHRECK RD				STREET AL	DORESS							
CITY-ST-ZIP BARTOW, FL 33830					ZIP							
ПЕ	SD			☐ Delete	TITLE					Change	Addition	
NAME	MANZANO	O, SOL			NAME							
STREET ADDRESS	1203 32 S	T NW			STREET A	DDRES\$						
CNY-ST-ZIP	WINTER	HAVEN, FL 33881			CITY-ST-	ZIP						
TITLE	,			☐ Delete	TITLE					☐ Change	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 certify 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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Meren	4-20-04 (863) 294-3102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #