


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90008 013 ****70.00

DOCUMENT # N99000006276					
1. Entity Name MINISTERIO PAN DE VIDA INC.					
Principal Place of Business 201 BRIDGERS AVE E AUBURNDALE, FL 33823			Mailing Address 201 BRIDGERS AVE E AUBURNDALE, FL 33823		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PEREZ, MARIA 1121 29 STREET NW WINTER HAVEN, FL 33881				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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.					
SIGNATURE <u>Maria Perez</u> <i>Maria Perez</i> <u>maria Perez</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, MARIA			NAME	
STREET ADDRESS	1121 29 STREET NW			STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33881			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, LINO			NAME	
STREET ADDRESS	1121 29 STREET NW			STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33881			CITY-ST-ZIP	
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMANDO, POMANES			NAME	
STREET ADDRESS	3580 AVE O NW			STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33881			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, MARIA			NAME	
STREET ADDRESS	9585 SHRECK RD			STREET ADDRESS	
CITY-ST-ZIP	BARTOW, FL 33830			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANZANO, SOL			NAME	
STREET ADDRESS	1203 32 ST NW			STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33881			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <u>Maria Perez</u> <i>Maria Perez</i> <u>maria Perez</u> <u>5-18-05</u> <u>(863) 294-3702</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					