


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N9900006276 1. Entity Name MINISTERIO PAN DE VIDA INC.	
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Principal Place of Business 601 DERBY AVE AUBURNDALE, FL 33823	Mailing Address 601 DERBY AVE AUBURNDALE, FL 33823
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DO NOT WRITE IN THIS SPACE



04292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3610270	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, MARIA
 1121 29 STREET NW
 WINTER HAVEN, FL 33881

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEREZ, MARIA 1121 29 STREET NW WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PEREZ, LINO 1121 29 STREET NW WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GONZALEZ, MARIA 9585 SHRECK RD BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ALARCON, ALICIA 6TH ST JPB WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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06/04/08-80055-008 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *M Perez* Date: 4-28-08 (863) 294-3702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR