2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

	AM	ENDED AN	INUA	L REPO	RT									
DOCUMENT # N9900007547							Ti To							
1. Entity Name MINISTERIO OSCAR AGUERO, INC.								,	_	_	SEP 2	5 7.	1: 37	
Principal Place of Business 6050 WEST 20 AVE HIALEAH, FL 33016			6050	Mailing Address 6050 WEST 20 AVE HIALEAH, FL 33016				XA	ノ	SEU. TALL	 ⊷io o		Ĵ.;	
2. Principal Place of Business			3. Mailing Address											
Suite, Apt. #, etc.		Sulte	Sulte, Apt. #, etc.				09222	2006	Chg-NP		CR2E0	37 (4/06)		
City & State		City	City & State					Number -09846	 553				plied For	
Zip		Country	Zìp	Zip		Country		5. Cert	ificate of	Status De	esired		\$8.75 Add	litional
	6. Name a	and Address of Current	t Registered	Agent	T			7. Narr	e and A	ddress of	New Reg	stered A	lgent	
						Name				_		_		
	OSCAR J ST SAXON (Street Address (P.O. Box Number is Not Acceptable)							
DAVIL, I'L	. 55551													
						City						FL	Zip Code	e
	named entity tions of registe	submits this statement for red agent.	or the purpor	se of changing its	registered	d office o	r register	ed agent,	, or both,	in the Sta	te of Florid	a. I am f	amiliar with,	and accept
														i
SIGNATURE .		r printed name of registered agen	it and title if applic	able. {NOTE	: Registered	Agent signat	ure required	when reinsta	iting)			DATE		
	Signature, typed o		st and title if applic	9. Election Can	paign Fin	nancing	_				Mak		payable to	D
	Signature, typed o	AR is \$61.25			paign Fin	nancing		\$5.00 Added to	May Be Fees		Florida	e check Depart	tment of S1	ate
10.	Signature, typed or			9. Election Can Trust Fund C	paign Fin ontributio	nancing		\$5.00 Added to	May Be Fees	IGES TO	Florida	e check Depart	TECTORS IN	10
	Signature, typed o	AR is \$61.25		9. Election Can	paign Fin	nancing		\$5.00 Added to	May Be Fees		Florida OFFICERS	e check Depart	tment of S1	ate
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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 en address, with all other like empowered.

SIGNATURE;

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20

BOS) 846-122

Daytime Phone #