

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N99000007547 1. Entity Name MINISTERIO OSCAR AGUERO, INC.						FILED 06 SEP 25 PM 1:39 SEC. TALLAHASSEE	
Principal Place of Business 6050 WEST 20 AVE HIALEAH, FL 33016				Mailing Address 6050 WEST 20 AVE HIALEAH, FL 33016			
2. Principal Place of Business		3. Mailing Address		 09222006 Chg-NP CR2E037 (4/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 65-0984653				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AGUERO, OSCAR J 5301 WEST SAXON CIRCLE DAVIE, FL 33331				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	P AGUERO, OSCAR J 5301 WEST SAXON CIRCLE DAVIE, FL 33331 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Yader Simpson 2143 S.W. 153 Rd Miami, FL 33185-5712 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AGUERO, STELLA M 5301 WEST SAXON CIRCLE DAVIE, FL 33331 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rene Betancourt 474 SE 2 street Hialeah, FL 33010 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUERO, DIEGO J 5052 SW 141 AVENUE MIRAMAR, FL 33027 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Javier Rodriguez 3325 SW 7 Place CCPC Coral, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASTRO, FERNANDO 5800 WEST 21 CT HIALEAH, FL 33016 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000801536 09/25/06--01068--012 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOTELO, MAXIMO 10874 SW 2ND STREET MIAMI, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, HECTOR 5337 WEST 22 COURT HIALEAH, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:				Oscar J. Aguero 9/20/06 (805) 846-5551			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			