

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007547

FILED
Apr 29, 2009
Secretary of State

Entity Name: MINISTERIO OSCAR AGUERO, INC.

Current Principal Place of Business:

6050 WEST 20 AVE
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

6050 WEST 20 AVE
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 65-0984653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AGUERO, OSCAR J
5301 WEST SAXON CIRCLE
DAVIE, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AGUERO, OSCAR J
Address: 5301 WEST SAXON CIRCLE
City-St-Zip: DAVIE, FL 33331

Title: V () Delete
Name: AGUERO, STELLA M
Address: 5301 WEST SAXON CIRCLE
City-St-Zip: DAVIE, FL 33331

Title: D () Delete
Name: AGUERO, DIEGO J
Address: 5052 SW 141 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: T () Delete
Name: CASTRO, FERNANDO
Address: 5800 WEST 21 CT
City-St-Zip: HIALEAH, FL 33016

Title: D () Delete
Name: SOTELO, MAXIMO
Address: 10874 SW 2ND STREET
City-St-Zip: MIAMI, FL US

Title: D () Delete
Name: PEREZ, HECTOR
Address: 5337 WEST 22 COURT
City-St-Zip: HIALEAH, FL US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR AGUERO

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date