

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000049989			
1. Entity Name MINISTERIO EVANGELISTICO INTERNACIONAL PODER DE DIEZ ENACCION, INC		FILED 05 APR 22 PM 1:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 1660 NW 126 STREET NORTH MIAMI, FL 33167		Mailing Address 2045 N W 120TH STREET MIAMI, FL 33167	
2. Principal Place of Business		3. Mailing Address 1660 NW 126 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State North Miami, FL	
Zip		Zip 33167	
Country		Country	
4. FEI Number 02-0595797		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 REYES, FRANCISCO 2045 N W 120TH STREET MIAMI, FL 33167		7. Name and Address of New Registered Agent Name: FRANCISCO REYES Street Address (P.O. Box Number is Not Acceptable): 1660 NW 126 ST City: North Miami FL Zip Code: 33167	
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: <i>X Francisco Reyes</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: 3/29/05 <small>(NOTE: Registered Agent signature required when reissuing)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: REYES, FRANCISCO STREET ADDRESS: 2045 NW 120 STREET CITY-ST-ZIP: MIAMI, FL 33167	<input type="checkbox"/> Delete	TITLE: P NAME: REYES FRANCISCO STREET ADDRESS: 1660 NW 126 ST CITY-ST-ZIP: NORTH MIAMI, FL 33167	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<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 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 607, 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: <i>X Francisco Reyes</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 3/29/05 305-336-0422 <small>Daytime Phone #</small>	