

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90017 043 ***150.00

DOCUMENT # P99000044564

1. Entity Name
CESAR & CLAUDIA CASTELLANOS MINISTRIES, INC.



24005558

Principal Place of Business
2020 NE 163 STREET
101
MIAMI, FL 33162

Mailing Address
17070 COLLINS AVE
261
SUNNY ISLES, FL 33160



2. Principal Place of Business
2620 HOLLYWOOD BLVD
 Suite, Apt. #, etc.

3. Mailing Address
2620 HOLLYWOOD BLVD
 Suite, Apt. #, etc.

01282004 Chg-P CR2E034 (10/03)

City & State
HOLLYWOOD FL

City & State
HOLLYWOOD FL

4. FEI Number
65-0922401

Applied For
 Not Applicable

Zip
33020

Country
BROWARD

Zip
33020

Country
BROWARD

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SILVA, JOSE A
2020 NE 163 STREET STE 101
MIAMI, FL 33162

7. Name and Address of New Registered Agent

Name **SILVA JOSE A**

Street Address (P.O. Box Number is Not Acceptable)
2620 HOLLYWOOD BLVD

City **HOLLYWOOD FL** Zip Code **33020**

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	DP <input type="checkbox"/> Delete SILVA, JOSE A 2020 NE 163 STREET #101 MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete VARGAS, RICHARD 2501 S OCEAN DR HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 employees.

SIGNATURE:  **JOSE A. SILVA**
 PRESIDENT (954) 929-6365

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #