


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000044564  
1. Entity Name  
CESAR & CLAUDIA CASTELLANOS MINISTRIES, INC.



Principal Place of Business  
2620 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33020

Mailing Address  
2620 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33020

**DO NOT WRITE IN THIS SPACE**



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0922401 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SILVA, JOSE A  
2620 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33020

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SILVA, JOSE A
STREET ADDRESS	2020 NE 163 STREET #101
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	T
NAME	VARGAS, RICHARD
STREET ADDRESS	2501 S OCEAN DR
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000553456  
05/15/06-80052-009 158.75

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IN THIS SPACE**

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 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 persons empowered.

SIGNATURE: Jose A. Silva JOSE A. SILVA PRESIDENT 4/24/06 (954) 929-6365  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #