

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04137

**FILED**  
**Feb 27, 2013**  
**Secretary of State**  
**CC8229808535**

**Entity Name:** MINISTERIO CASA DE ORACION INC.

**Current Principal Place of Business:**

20151 NW 67 AVE.  
HIALEAH, FL 33015-2130

**Current Mailing Address:**

20151 NW 67 AVE.  
HIALEAH, FL 33015-2130 US

**FEI Number:** 59-2320561

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TABRAUE, JOSE  
20151 NW 67 AVENUE  
HIALEAH, FL 33015 US

*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

**Officer/Director Detail :**

Title           VP  
Name           RIVERA, HERIBERTO  
Address        20523 NW 47AVE  
City-State-Zip: MIAMI GARDENS FL 33055

Title           S  
Name           DIAZ, FRANCES J  
Address        6835 W 36TH AVENUE APT#103  
City-State-Zip: HIALEAH FL 33018

Title           D  
Name           PINELL, FREDDY  
Address        11201 SW 55TH ST.  
City-State-Zip: MIAMI FL 33055

Title           P  
Name           TABRAUE, JOSE  
Address        20151 NW 67 AVENUE  
City-State-Zip: HIALEAH FL 33015

Title           T  
Name           PATEL, ANA L  
Address        510 NW 108TH ST  
City-State-Zip: MIAMI FL

Title           D  
Name           RODRIGUEZ, JUAN  
Address        20151 NW 67 AVENUE  
City-State-Zip: HIALEAH FL 33015

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOSE TABRAUE

**PRESIDENT**

**02/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date