

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000006158

Entity Name: PUNTO VERTICAL MINISTRIES, INC.**Current Principal Place of Business:**1665 MALABAR RD
MALABAR , FL 32950**Current Mailing Address:**PO BOX 120178
WEST MELBOURNE, FL 32912 US**FEI Number:** 47-4365593**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JUARBE, HECTOR M
2600 SHORTLEAF CT
KISSIMMEE, FL 34746 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	PD
Name	JUARBE, HECTOR M
Address	2600 SHORTLEAF CT
City-State-Zip:	KISSIMMEE FL 34746

Title	TD
Name	VIDAL, LESANDRA
Address	2600 SHORTLEAF CT
City-State-Zip:	KISSIMMEE FL 34746

Title	SD
Name	AGOSTO, MIGDALIA
Address	7740 GREENBORO DR APT 1
City-State-Zip:	WEST MELBOURNE FL 32904

Title	DIRECTOR
Name	SERRANO , ROBERTO JESUS
Address	2106 MEADOWMOUSE ST
City-State-Zip:	ORLANDO FL 32837

Title	DIRECTOR
Name	GOMEZ, NELSON
Address	3703 ALAFAYA HEIGHTS RD # 317
City-State-Zip:	ORLANDO FL 32828

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: HECTOR M JUARBE**PRESIDENT****04/29/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date