


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 722645 1. Entity Name CASA DE LOS DE SANTA MARTA DE ORTIGUEIRA EN MIAMI, INC.	
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Principal Place of Business 1815 NW NORTH RIVER DR. MIAMI, FL 33125	Mailing Address 1815 NW NORTH RIVER DR. MIAMI, FL 33125
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 51-0204107	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CASTILLO, OSVALDO 10364 SW 8 TERR MIAMI, FL 33174	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FERNANDES, MARIA 2025 SW 18 STREET MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LAVIN, FRANCISCO 3210 SW 94 AVE. MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CASTILLO, OSVALDO 10864 SW 8 TERR MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

1100000281751  
03/31/05-80015-012 61.25

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 617, 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: *Lavin* Date March 29-05 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR