

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90186 029 ****61.25

DOCUMENT # N01000001286

1. Entity Name
NUUESTRA SRA. DE LA RABIDA-USA AUXILIARY SERVICE, INC.



Principal Place of Business
**7809 W. COMMERCIAL BLVD.
 TAMARAC, FL 33351**

Mailing Address
**7809 W. COMMERCIAL BLVD.
 TAMARAC, FL 33351**

14004372



DO NOT WRITE IN THIS SPACE

03092005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1081326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ABADIE, JUAN PEDRO
 7809 W. COMMERCIAL BLVD.
 TAMARAC, FL 33351**

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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 _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

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	D ABADIE, JUAN PEDRO 5392 NW 126TH DR. CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOBER, GEORGE LEWIS 9426 NW 2ND ST. CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRA, MIGUEL ANGEL PRESIDENTE LUIS SAENA PENA 427, (1110) BUENOS AIRES, ARGENTINA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCA, HORACIO M.V. FATHER PRESIDENTE LUIS SAENA PENA 427, (1110) BUENOS AIRES, ARGENTINA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Jesús Abadie, Juan P. **4-22-2005 954726 8866**

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