2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007
Secretary of State

DOCUMENT# N04000000548

Entity Name: TABERNACULO DE ALABANZAY RESTAURACION LA SENDA ANTIGUA NUEVO COMIENZO INC.

Current Principal Place of Business:

1116 E DONEGAN AVE
KISSIMMEE, FL 34744

New Principal Place of Business:

1420 ROSS AVE
KISSIMMEE, FL 34744

Current Mailing Address:

1116 E DONEGAN AVE
KISSIMMEE, FL 34744

New Mailing Address:

1420 ROSS AVE
KISSIMMEE, FL 34744

FEI Number: 20-0708209 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUNDO, HECTOR M
910 VAQUERO LN
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MUNDO, HECTOR M
Address: 910 VAQUERO LN
City-St-Zip: KISSIMMEE, FL 34741

Title: VD ( ) Delete
Name: SANTANA, IRIS
Address: 910 VAQUERO LN
City-St-Zip: KISSIMMEE, FL 34741

Title: SD ( ) Delete
Name: SANTANA, MAGDA
Address: 2204 WHISTLER PARK CIRCLE APT.2
City-St-Zip: KISSIMMEE, FL 34743

Title: TD ( ) Delete
Name: ALVAREZ, EMELINA
Address: 219 WASHINGTON WOODS LANE
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IRIS SANTANA VD 02/09/2007

Electronic Signature of Signing Officer or Director — Date