2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N06000006365



FILED Apr 26, 2007 8:00 am Secretary of State

Zip Country Zip Country 5. Certificate of Status Desired		MILY CHAPEL INC.				4-20-2007 30)231 015 ****/	0.00
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Applied Appl	13351 NW 1ST AVE 13351 NW 1ST AVE				1 (\$\$\)	âllh Bêll) Pâll âlkh Bê	rin opris grida nija birdi Pr	iildi di Indi
City & State City & State Country Country Country Country Country Country Country Country S. Certificate of Status Desired Status Desired Status Desired Agent Name SANTANA, JUAN 13351 NW 1ST AVE City FL City FL City FL City City City FL City	Principal Place of Business - No P.O. Box # Mailing Address							
Zip Country Zip Country 5. Certificate of Status Desired			Suite, Apt. #, etc.		04242007 Ct	ng-NP (CR2E037 (12/06)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. City Set Address (P.O. Box Number is Not Acceptable) Tele Pop City City City City City City City City			, , , , , , , , , , , , , , , , , , , ,		20-5061145		No	oplied For ot Applicable
SANTANA JUAN 13351 NW 1ST AVE MIAMI, FL 33168 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 act the obligations of registered agent. SIGNATURE SIGNATURE Filling Fee is \$61.25 Due by May 1, 2007 TITLE NAME PD SANTANA, JUAN SIREET ADDRESS CITY-ST-2IP MIAMI, FL 33168 TITLE NAME SIREET ADDRESS CITY-ST-2IP MIAMI, FL 33168 Name STREET ADDRESS CITY-ST-2IP MIAMI, FL 33168 Name STREET ADDRESS CITY-ST-2IP MIAMI, FL 33168 DEER INDIESS CITY-ST-2IP DEER INTIE MAME STREET ADDRESS CITY-ST-2IP Change A Ch	Zip 			Country			Fee Require	
SANTANA, JUAN 13351 NW 1ST AVE MIAMI, FL 33168 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 as the obligations of registered agent. SIGNATURE Signature, hyead or printed name of registered agent age		6. Name and Address of Current	Registered Agent	Name	7. Name and Add	ress of New Regi	istered Agent	
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 as the obligations of registered agent. SIGNATURE Signature: hypert or printed name of registered agent and title if applicable (NOTE: Registered Agent segnature required when reassisting) DATE	13351 NW	1ST AVE						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent. SIGNATURE Signature, hyerd or printed name of registered agent and title if accelerate. (NOTE, Registered Agent signature required when namestang) DATE				City			FI Zip Cod	e
Filing Fee is \$61.25 Due by May 1, 2007 Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME SANTANA, JUAN STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33168 CITY-ST-ZIP MIAMI, FL 33168 CITY-ST-ZIP MIAMI, FL 33168 CITY-ST-ZIP MIAMI, FL 33168 CITY-ST-ZIP MIAMI MAME MATOS, ANNETTE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE D OPA LOCKS, FL 33054 MAME MAME PERIQUITO, CARLOS MAME MAME MAME MAME D Delete MAME MAME MAME MAME MAME MAME MAME MAME D D Delete MAME D D Delete MAME MAME MAME MAME MAME MAME MAME D D Delete MAME D D DELET MAME MAME MAME MAME MAME MAME MAME MAME			or the purpose of changing its	registered office or regi	istered agent, or both, in	the State of Florid		and accept
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NAME PERIQUITO, CARLOS NAME	TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS	PD SANTANA, JUAN 13351 NW 1ST AVE MIAMI, FL 33168 VSD SANTANA, BARBARA 13351 NW 1ST AVE	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS			AND DIRECTORS IN	10
STREET ADDRESS CITY-S1-ZIP MIAMI SHORES, FL 33150 STREET ADDRESS CITY-S1-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PD SANTANA, JUAN 13351 NW 1ST AVE MIAMI, FL 33168 VSD SANTANA, BARBARA 13351 NW 1ST AVE MIAMI, FL 33168 TD MATOS, ANNETTE 2240 SERVICE RD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			AND DIRECTORS IN Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD SANTANA, JUAN 13351 NW 1ST AVE MIAMI, FL 33168 VSD SANTANA, BARBARA 13351 NW 1ST AVE MIAMI, FL 33168 TD MATOS, ANNETTE 2240 SERVICE RD OPA LOCKS, FL 33054 D PERIQUITO, CARLOS 177 NW 105 ST	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			AND DIRECTORS IN Change Change Change	Addition Addition

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.

BARBARA SANTANA SIGNATURE: MALL SALVE BAKBARA
SIGNATURE AND TYPEY OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-878-3750