

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 08:00 AM
Secretary of State



DOCUMENT # N13640

1. Entity Name

MISSIONARY GUADALUPANAS OF THE HOLY SPIRIT, INC.

Principal Place of Business

**2483 S.W. 4TH STREET
 MIAMI FL 33135**

Mailing Address

**2483 S.W. 4TH STREET
 MIAMI FL 33135**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

59-2686522

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VIEYRA, REGINA
 2483 SW 4TH ST
 MIAMI FL 33135-2907**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when filing)

DATE

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	OLIVARES, OLIVA	
STREET ADDRESS	2483 S.W. 4TH ST.	
CITY-ST-ZIP	MIAMI FL 33135-2907	
TITLE	P	<input type="checkbox"/> Delete
NAME	CASTRO, ANA G	
STREET ADDRESS	2483 S.W. 4TH STREET	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARRILLO, MAGDALENA	
STREET ADDRESS	2483 S.W. 4TH STREET	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOZANO, MARIAJULIA	
STREET ADDRESS	2483 S.W. 4TH STREET	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000430038
 02/22/06-80032-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Olivia Olivares*

2-4-2006 305 442 951