

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90261 010 ****61.25

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

T Delete
OLIVARES, OLIVA
 2483 S.W. 4TH ST.
 MIAMI, FL 331352907

Change Addition

P Delete
CASTRO, ANA G
 2483 S.W. 4TH STREET
 MIAMI, FL 33135

Change Addition

VP Delete
CARRILLO, MAGDALENA
 2483 S.W. 4TH STREET
 MIAMI, FL 33135

Vice President / Secretary Change Addition
Carvillo, Magdalena
 2483 SW 4th Street
 Miami, FL 33135

S Delete
LOZANO, MARIAJULIA
 2483 S.W. 4TH STREET
 MIAMI, FL 33135

Change Addition

Delete

Change Addition

Delete

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan-3-2007
 Date

Overline Phone #