


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

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| DOCUMENT # N13640 1. Entity Name MISSIONARY GUADALUPANAS OF THE HOLY SPIRIT, INC. |  |
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| Principal Place of Business 2483 S.W. 4TH STREET MIAMI, FL 33135 | Mailing Address 2483 S.W. 4TH STREET MIAMI, FL 33135 |
|--|--|



01042008 No Chg-NP CR2E037 (4/06)

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|---|---------------------------------------|
| 4. FEI Number 59-2686522 | 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

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

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution.

000000778650
01/11/08-80007-001 61.25

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T OLIVARES, OLIVA 2483 S.W. 4TH ST. MIAMI, FL 331352907 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CASTRO, ANA G 2483 S.W. 4TH STREET MIAMI, FL 33135 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CARRILLO, MAGDALENA 2483 SW 4TH STREET MIAMI, FL 33135 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: Oliva Olivares **Oliva Olivares** 01/5/2008 305 642 9544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #