2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21808

FILED Jan 15, 2008 Secretary of State

Entity Nan	ne: MISIONER	OS DEL CAMINO, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
4386 SW 7 MIAMI, FL					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P O BOX 5: MIAMI, FL					
FEI Number:	65-0151882	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
CRESPO, JOSE A. 3661 SW 9TH TERR. MIAMI, FL 33135 US			CRESPO, JOSE A. 4386 SW 74TH AVE MIAMI, FL 33135 U	4386 SW 74TH AVE	
The above in the State	named entity su of Florida.	ubmits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:			01/15/2008	
	Electronic	Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ()[PORTELA, LEON 3661 SW 9 TER MIAMI, FL 33138		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () [RIVAS, BERTHA 3601 NW 20 ST MIAMI, FL 33142		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD ()[CRESPO, JOSE 3661 SW 9 TER MIAMI, FL 3313		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VSD () [VELASQUEZ, MI 300 SEVILLA AV CORAL GABLES	E	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: JOSE A CRESPO VSD 01/15/2008