

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21808

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: MISIONEROS DEL CAMINO, INC.

**Current Principal Place of Business:**

4386 SW 74TH AVE  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 557722  
MIAMI, FL 33255 US

**New Mailing Address:**

FEI Number: 65-0151882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CRESPO, JOSE A.  
4386 SW 74TH AVE  
MIAMI, FL 33135 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PORTELA, LEONOR  
Address: 3661 SW 9 TER  
City-St-Zip: MIAMI, FL 33135

Title: SD ( ) Delete  
Name: SALA, SUSANA M  
Address: 6485 SW 128 CT  
City-St-Zip: MIAMI, FL 33183

Title: VPD ( ) Delete  
Name: CRESPO, JOSE A  
Address: 3661 SW 9 TER  
City-St-Zip: MIAMI, FL 33135

Title: VSD ( ) Delete  
Name: VELASQUEZ, MIRZA  
Address: 300 SEVILLA AVE  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LEONOR PORTELA

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date