


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N25242 1. Entity Name HERMANDAD DEL SENOR DE LOS MILAGROS DEL SUR DE LA FLORIDA, INC.	
--	---

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -3 AM 9:59

REINSTATEMENT 05-06



Principal Place of Business SAN ISIDRO CATHOLIC CHURCH 2310 M. LUTHER KING BLVD. POMPANO BEACH, FL 33069	Mailing Address P.O. BOX 934772 MARGATE, FL 33093
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

01232006 REIN-NP CR2E099 (11/05)

City & State	4. FEI Number 65-0065208	Applied For <input type="checkbox"/> Not Applicable
--------------	------------------------------------	--

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
-----	---------	-----	---------	---

6. Name and Address of Current Registered Agent RAMIREZ, ANTONIO 1401 S DIXIE HWY EAST 4E POMPANO BEACH, FL 33060
--

7. Name and Address of New Registered Agent Name RAUL TOMAS Street Address (P.O. Box Number is Not Acceptable) 4764 LAGO VISTA DR. City COCONUT CREEK FL Zip Code 33073
--

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 Raul Tomas DATE 01/24/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
------------------------------------	--	---

10. OFFICERS AND DIRECTORS	
TITLE	PD RAMIREZ, ANTONIO <input checked="" type="checkbox"/> Delete 1401 S DIXIE HWY 4E POMPANO BEACH, FL 33060
TITLE	TD <input checked="" type="checkbox"/> Delete BARRIENTOS, ERNESTO 5337 NW 55TH ST COCONUT CREEK, FL 33073
TITLE	TD <input checked="" type="checkbox"/> Delete VON MASSEUBACH, RITTER 5463 ENCLAVE CROSSING WAY C-1 DELRAY BEACH, FL 33484
TITLE	TD <input checked="" type="checkbox"/> Delete ROJAS, PABLO 22055 ASIATIC STREET BOCA RATON, FL 33428
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RAUL TOMAS 4764 LAGO VISTA DR. COCONUT CREEK FL. 33073
TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RAUL MARROQUIN 6 PLEASANT HILL LANE TAMARAC, FL. 33319
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 50006556205 02/10/06--01019--017 **122.50
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Raul Marroquin DATE 01/24/06 DAYTIME PHONE # 954-663-6405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR