2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AN
Secretary of State

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1. Entity Name

HERMANDAD DEL SENOR DE LOS MILAGROS DEL SUR DE LA FLORIDA, INC.



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



DO NOT WRITE IN THIS SPACE

03252008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For 65-0065208 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name	and Addres	is of Curren	it Registered	l Agent

ROJAS, JOSE 4872 NW 95TH AVENUE SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

				IIN	INIS SPACE
	named entity submits this statement for the ions of registered agent.	purpose of changing its registered	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little	of applicable (NOTE: Registered a	Agent signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	U00000917354 05/13/08-80039-005 61.25
10.	OFFICERS AND DIRE	CTORS		<u>. </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROJAS, JOSE 4872 NW 95TH AVENUE SUNRISE, FL 33351				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERNANDEZ, PATRICIA 242 NE 40TH CT. POMPANO BEACH, FL 33064				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY+ST-ZIP				IN '	THIS SPACE
TITLE					

12. I hereby certify that the information supplied with his tiling 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 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:

STREET ADDRESS
CITY+ST-ZIP
TIFLE
NAME
STREET ADDRESS
CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/2008

186-285-862 Daylime Phone #