2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25242

FILED Apr 23, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

SAN ISIDRO CATHOLIC CHURCH
2310 M. LUTHER KING BLVD.

POMPANO BEACH, FL 33069

4872 NW 95TH AVENUE
SUNRISE, FL 33351

Current Mailing Address: New Mailing Address:

P.O. BOX 934772 MARGATE, FL 33093

FEI Number: 65-0065208 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

ROJAS, JOSE

4872 NW 95TH AVENUE

SUNRISE, FL 33351 US

MARILUZ, MARIELA MRS
7911 N COLONY CIRCLE
#204

TAMARAC, FL 33321 US

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: MARIELA MARILUZ 04/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 ROJAS, JOSE MR.

 Address:
 4872 NW 95TH AVENUE

 Address:
 4872 NW 95TH AVENUE

 Address:
 4872 NW 95TH AVENUE
 Address:
 4872 NW 95TH AVENU

 City-St-Zip:
 SUNRISE, FL 33351
 City-St-Zip:
 SUNRISE, FL 33351

 Address:
 242 NE 40TH CT.
 Address:
 7911 N COLONY CIRCLE

 City-St-Zip:
 POMPANO BEACH, FL 33064
 City-St-Zip:
 TAMARAC, FL 33321

 Title:
 () Delete
 Title:
 T () Change (X) Addition

 Name:
 Name:
 SANCHEZ, CARLOS A MR.

 Address:
 Address:
 8351 SANDS POINT BLVD. #A107

 City-St-Zip:
 City-St-Zip:
 TAMARAC, FL 33321

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: MARIELA MARILUZ S 04/23/2009