2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 03, 2004 8:00 am Secretary of State DOCUMENT # N92000000162 1. Entity Name 05-03-2004 90430 004 ****70.00 MISION DOMINGO SAVIO, INC. Principal Place of Business Mailing Address 7711 SW 56 ST #212A 7711 SW 56 ST #212A **MIAMI FL 33155 MIAMI FL 33155** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 65-0373762 Not Applicable Zία Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent _ Name GARCES, LIDIA 7711 SW 56 ST #212A Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33155 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change TITLE ☐ Delete Addition PERDOMO, GUILLERMO SJ NAME NAME AVE FRANCISCO DE ROSARIO SANCHEZ, LOS GUAN STREET ADDRESS STREET ADDRESS SANTO DOMINGO, DOMINICAN REP CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ORAA, LUIS M SJ AVE FRANCISCO DE ROSARIO SANCHEZ, LOS GUAN STREET ADDRESS STREET ADDRESS SANTO DOMINGO, DOMINICAN REP CITY-ST-ZIP CITY-ST-ZIP STD TITLE Delete TITLE ☐ Change ☐ Addition GARCES, LIDIA NAME NAME 7711 SW 56 ST #212A STREET ADDRESS STREET ADDRESS MIAMI FL 33155 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 tike empowered.

SIGNATURE: Lidia Garces

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED