

DOCUMENT # N92000000162 ⁰³

1. Entity Name

MISSION DOMINGO SAVIO, INC.

FILED

03 APR 21 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7711 SW 58 ST #212A MIAMI FL 33155	7711 SW 58 ST #212A MIAMI FL 33155

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number	65-0373762	Applicable Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCES, LIDIA 7711 SW 58 ST #212A MIAMI FL 33155	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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

SIGNATURE _____ DATE _____
Signature types or prints name of registered agent and fee applicator. NOTE: Registered Agent's signature required when re-registering.

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD PERDOMO, GUILLERMO SJ AVE FRANCISCO DE ROSARIO SANCHEZ, LOS GUAN SANTO DOMINGO, DOMINICAN REP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	900015328798 04/07/03--01004--009 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Add/Rev
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VO ORAA, LUIS M SJ AVE FRANCISCO DE ROSARIO SANCHEZ, LOS GUAN SANTO DOMINGO, DOMINICAN REP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Rev
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD GARCES, LIDIA 7711 SW 58 ST #212A MIAMI FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Rev
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Rev

Lidia Garces (Secretary - Treasurer) - 4-13-03

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 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 as required, or on an attachment with an address, with all other fee empowered.

SIGNATURE: *Lidia Garces (Secy-Treasurer)* Date: *March 28 2003*

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