


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N99000000214 1. Entity Name SOCIEDAD GABRIELA MISTRAL INC. |  |
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|--|--|
| Principal Place of Business 1645 WEST 31ST PLACE HIALEAH, FL 33012 | Mailing Address 1645 WEST 31ST PLACE HIALEAH, FL 33012 |
|--|--|

DO NOT WRITE IN THIS SPACE



01252007 No Chg-NP CR2E037 (4/06)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-1133958 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

8. Name and Address of Current Registered Agent

MEZA, ENRIQUE
6765 N.W. 169TH ST.
UNIT 2B
MIAMI, FL 33015

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

U00000624098
02/14/07-80018-005 61.25

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD REYES, EMILIANO 861 E 33 ST HIALEAH, FL 33013 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MALUJE, CECILLA 1773 W 59 ST HIALEAH, FL 33012 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MIRANDA, HECTOR 1115 NE 2 CT HALLANDALE, FL 33009 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MALUJE, RAUL 1773 W 59 ST HIALEAH, FL 33012 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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:  **HECTOR V. MIRANDA** **PO. 1-27-07 4578625**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #