


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000062147

1. Entity Name
OUR LADY OF FATIMA, INC.



Principal Place of Business Mailing Address

**2905 NW 10TH AVE
 MIAMI, FL 33127** **2905 NW 10TH AVE
 MIAMI, FL 33127**

DO NOT WRITE IN THIS SPACE



04282004 No Chg-P CR2E034 (10/03)

4. Filing Number
65-0521746 Applied For
 Not Applied For

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MUNOZ, MARISELA
 2905 NW 10TH AVE
 MIAMI, FL 33127**

DO NOT WRITE 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: _____ (Agent or person designated as registered agent and the incorporator) (Registered Agent signature required when removing) (Date)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MUNOZ, MARISELA
STREET ADDRESS	2905 NW 10TH AVE
CITY-STATE-ZIP	MIAMI, FL 33127
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

U00000150221
 05/03/04-80217-006 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), Florida Statutes. (Further certify that the information included in 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 607, Florida Statutes, and that my name appears in Block Item #800 12 if changed, or on an statement with number 855, with all other fee empowers)

SIGNATURE:  **Marisela Munoz** 04/27/2004 (305) 638-9594
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDS OFFICER OR DIRECTOR Date License Number