

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

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90243 008 ****61.25

DOCUMENT # 726699

1. Entity Name

OUR LADY OF THE ANGELS PARISH INC.



Principal Place of Business

555 E 25TH ST., STE. 206-207
HIALEAH FL 33013

Mailing Address

ATTN: NINFA MOLLEDA
1005 E. 5TH AVE.
HIALEAH FL 33010
US

34033343



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-7292099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOLLEDA, NINFA M
1005 E 5TH AVENUE
HIALEAH FL 33010

7. Name and Address of New Registered Agent

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. 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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MACHADO, NORBERTO**
STREET ADDRESS **1900 SUNSET HARBOUR DR. #1503**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **V** ☒ Delete
NAME **JESUS ABILLEIRA, MANUEL DE**
STREET ADDRESS **70 E. 7 STREET #513**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **D** ☐ Delete
NAME **BARRIOS, BARBARA**
STREET ADDRESS **555 E. 25 ST., #206-207**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE **T** ☐ Delete
NAME **MOLLEDA, MARIA J**
STREET ADDRESS **1005 E. 5TH AVE**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **S** ☐ Delete
NAME **MOLLEDA, NINFA M**
STREET ADDRESS **1005 E. 5TH AVE.**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **D** ☐ Delete
NAME **VALDES, RAQUEL**
STREET ADDRESS **2750 W. 63 PLACE #102**
CITY-ST-ZIP **HIALEAH FL 33016**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **ABILLEIRA, ANA LIDIA**
STREET ADDRESS **70 E 7 St. #513**
CITY-ST-ZIP **HIALEAH, FL 33010**

TITLE **V** ☒ Change ☐ Addition
NAME **ABILLEIRA, MANUEL DE JESUS**
STREET ADDRESS **70 E 7 St. #513**
CITY-ST-ZIP **Hialeah, fl 33010**

TITLE **R** ☐ Change ☐ Addition
NAME **Revert, Rene**
STREET ADDRESS **19407 NW 82 Ct.**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE **R** ☐ Change ☐ Addition
NAME **REVERT, CRISTINA**
STREET ADDRESS **19407 NW 82 Ct.**
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

Ninfa M. Mollada
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-04

Date

Daytime Phone #