2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 747763

1. Entity Name
PADRE MODESTO GALOFRE HALL, INC.

Principal Place of Business	Mailing Address
2640 NW 33RD ST MIAMI, FL 33142 US	2640 N.W. 33RD ST. MIAMI, FL 33142

01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2437705
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PLANAS, ROGELIO
2496 SW 17 AVE #5109
MIAMI, FL 33145

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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.

U00000186123
01/21/05-80044-003 61.25

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PLANAS, ROGELIO
STREET ADDRESS	2496 SW 17TH AVENUE #5109
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	TD
NAME	BALSEIRO, ORLANDO
STREET ADDRESS	2350 ALTON ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	VTD
NAME	ETCHEVERRY, ORLANDO
STREET ADDRESS	9390 W FLAGLER ST #108
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	SD
NAME	SUAREZ, IBRAEL
STREET ADDRESS	14501 SW 88 ST APT 405
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VPD
NAME	GUTIERREZ, FELIX
STREET ADDRESS	7175 SW 8 ST #218
CITY-ST-ZIP	MIAMI, FL 33141
TITLE	VSD
NAME	CIFVENTES, CARLOS
STREET ADDRESS	2835 NW 22 CT
CITY-ST-ZIP	MIAMI, FL 33142

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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: M Planas (PD) 01-13-2005 (305) 858-4520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #