

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90052 007 ****61.25

DOCUMENT # 752900 1. Entity Name RELIGIOUS OF THE APOSTOLATE OF FLORIDA, INC.			
Principal Place of Business 2150 SW 16 AVE APT #303 MIAMI, FL 33145-2864 US		Mailing Address 2150 SW 16 AVE APT #303 MIAMI, FL 33145-2864 US	
2. Principal Place of Business - No P.O. Box # 2160 SW 16 AVE Suite, Apt. #, etc. APT # 320		3. Mailing Address 2160 SW 16 AVE Suite, Apt. #, etc. APT # 320	
City & State. MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33145-2871		Zip 33145-2871	
Country USA		Country U.S.A	
4. FEI Number 65-0225746		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLO, CLARA Y 2150 S.W. 16 AVE APT #303 MIAMI, FL 33145-2864		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2160 SW 16 AVE APT. # 320 MIAMI City FL Zip Code 33145-2871	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE V NAME VELAZQUEZ, ALICIA STREET ADDRESS 2150 SW 16 AVE APT #303 CITY-ST-ZIP MIAMI, FL 331452864	<input type="checkbox"/> Delete	TITLE → 2160 SW 16 AVE Apt # 320 NAME MIAMI, FL 33145-2871 STREET ADDRESS MIAMI, FL 33145-2871 CITY-ST-ZIP MIAMI, FL 33145-2871	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME DELGADO, MARIA DEL R. STREET ADDRESS 2150 SW 16 AVE APT #303 CITY-ST-ZIP MIAMI, FL 331452864	<input type="checkbox"/> Delete	TITLE → 2160 SW 16 AVE Apt # 320 NAME MIAMI - FL 33145-2871 STREET ADDRESS MIAMI - FL 33145-2871 CITY-ST-ZIP MIAMI - FL 33145-2871	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME GALLO, CLARA Y STREET ADDRESS 2150 SW 16 AVE APT #303 CITY-ST-ZIP MIAMI, FL 331452864	<input type="checkbox"/> Delete	TITLE → 2160 SW 16 AVE Apt # 320 NAME MIAMI - FL 33145-2871 STREET ADDRESS MIAMI - FL 33145-2871 CITY-ST-ZIP MIAMI - FL 33145-2871	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Sister Maria del Rosario Delgado, R.A.</i> Sister M^o del Rosario Delgado, R.A.		Date: January 14, 2008 Daytime Phone #: 305-285-1565	