


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-19-2004 90026 003 ****61.50

DOCUMENT # F01000003116	
1. Entity Name PASTORAL SUPPORT SERVICES INC.	

Principal Place of Business 590 COLUMBUS AVENUE THORNWOOD, NY 10594	Mailing Address 590 COLUMBUS AVENUE THORNWOOD, NY 10594
---	---

2. Principal Place of Business 590 COLUMBUS AVE	3. Mailing Address 590 COLUMBUS AVE
Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc. SUITE 200

City & State THORNWOOD NY	City & State THORNWOOD NY
Zip 10594	Country USA



03052004 Chg-NP CR2E037 (10/03)

4. FEI Number 13-4085918	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent
CORPDIRECT AGENTS 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ 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, 2004

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DIAZ-TORRE, EMILIO 393 DERBY AVE. ORANGE, CT 06477 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OCHOA, LUCIA 751 WEST DRAHNER ROAD, BOX 167 OXFORD, MI 48371 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KIM, ALEXANDER 590 COLUMBUS AVENUE THORNWOOD, NY 10594 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREVINO, MONICA 60 AUSTIN AVE. GREENVILLE, RI 02828 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOSE F. ORTEGA 582 COLUMBUS AVE THORNWOOD, NY 10594 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: Jose Felix Ortega **JOSE F. ORTEGA.** 3/11/04 (914) 773-1363
Signature and typed or printed name of signing officer or director Date Daytime Phone #