

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90197 005 ****61.25

DOCUMENT # N00000002434

1. Entity Name
IGLESIA DE RESTAURACION "EL MONTE DE LOS
OLIVOS" INC.



Principal Place of Business
13701 S. Sagrest Blvd.
715 S. FEDERAL HWY
BOYNTON BEACH, FL 33435

Mailing Address
101 NE 28 COURT
BOYNTON BEACH, FL 33435



01222004 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
65-1003347

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, HUGO ISMAID
3890 MAX PL #208
BOYNTON BEACH, FL 33436

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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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
PERALES, MARIA
101 NE 28TH CT
BOYNTON BEACH, FL 33435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
TROSSY, JUAN ANTONIO
910 N C ST
LAKE WORTH, FL 33460

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HERNANDEZ, HUGO I
3890 MAX PL #208
BOYNTON BEACH, FL 33436

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 or without like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04
Date

561-547-5233
Daytime Phone #