



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2005 8:00 am**  
**Secretary of State**

07-07-2005 90003 025 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              |                                                                                            |                                                                              |                                                                                 |  |
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| <b>DOCUMENT # N00000004626</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                              |                                                                                            |                                                                              |                                                                                 |  |
| <b>1. Entity Name</b><br><b>MISSION ESPERANZA INCORPORATED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                              |                                                                                            |                                                                              |                                                                                 |  |
| <b>Principal Place of Business</b><br>6375 W FLAGLER ST<br>MIAMI, FL 33144                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                              |                                                                                            | <b>Mailing Address</b><br>6375 W FLAGLER ST<br>MIAMI, FL 33144               |                                                                                 |  |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                              |                                                                                            | <b>3. Mailing Address</b>                                                    |                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                              |                                                                                            | Suite, Apt. #, etc.                                                          |                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                              |                                                                                            | City & State                                                                 |                                                                                 |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                              | Country                                                                                    |                                                                              | Zip                                                                             |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              | Country                                                                                    |                                                                              | 02022005    Chg-NP    CR2E037 (10/03)                                           |  |
| <b>4. FEI Number</b><br>NOT APPLICABLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                                                                                            |                                                                              | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| <b>5. Certificate of Status Desired</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |                                                                                            |                                                                              | <input type="checkbox"/> \$8.75 Additional Fee Required                         |  |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                                                                                            |                                                                              | <b>7. Name and Address of New Registered Agent</b>                              |  |
| <b>BENITEZ, JUAN</b><br>8513 SW 163 COURT<br>MIAMI, FL 33193                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                              |                                                                                            |                                                                              | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City              |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              |                                                                                            |                                                                              | FL    Zip Code                                                                  |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when removing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                              |                                                                                            |                                                                              |                                                                                 |  |
| <b>Filing Fee is \$41.25</b><br><b>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                              | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |                                                                              | <b>\$5.00 May Be Added to Fees</b>                                              |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                              |                                                                                            |                                                                              |                                                                                 |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                              |                                                                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                 |                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D<br>GALLARDO, LENIER L REV.DR.<br>6375 W. FLAGLER STREET<br>MIAMI, FL 33144 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D<br>BENITEZ, JUAN<br>8513 SW 163 CT<br>MIAMI, FL 33193 <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D<br>BUNKER, JUDITH<br>180201 SW 95TH AVENUE, SUITE 101<br>MIAMI, FL 33157 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D<br>CARTAYA, ROSA<br>2880 WEST FLAGLER STREET<br>MIAMI, FL 33144 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D<br>RODRIGUEZ, RAFAEL<br>10987 BIRD ROAD<br>MIAMI, FL 33185 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                 |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.</b> |                                                                                                              |                                                                                            |                                                                              |                                                                                 |  |
| <b>SIGNATURE:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              | JUAN BENITEZ                                                                               |                                                                              | 02/03/05    305) 380-7274                                                       |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                              |                                                                                            |                                                                              |                                                                                 |  |