


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000004626	
1. Entity Name MISSION ESPERANZA INCORPORATED	

Principal Place of Business 6375 W FLAGLER ST MIAMI, FL 33144	Mailing Address 6375 W FLAGLER ST MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE

01282008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	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 BENITEZ, JUAN 8513 SW 163 COURT MIAMI, FL 33193

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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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GALLARDO, LENIER L REV.DR. 6375 W. FLAGLER STREET MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENITEZ, JUAN 8513 SW 163 CT MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUNKER, JUDITH 160201 SW 95TH AVENUE, SUITE 101 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARTAYA, ROSA 2880 WEST FLAGLER STREET MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/06/08-80070-002 61.25

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:  JUAN BENITEZ	1/28/08 786-4868457
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>