2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 8:00 am Secretary of State

305-279-233 Daytme Phone #

Date

Pincipal Place of Blustness	DOCUMENT # N0000005625 1. Entity Name FEDERACION DE INSTITUTOS PASTORALES, INC.										03-17-200	08 90020	042 ****	70.00
Suite. April 4 ofc. City & State City & St	7700 SW 56	STREET	7700 SW 56 STREET											
City & State Country S. Certificate of Status Desired S. Sa. 75 Additional Fear Required 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 110 MERRICK WAY Surea Address of New Registered Agent City FL Zip Coop 8. The above named entity submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorica. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$41.25 Due by May 1, 2008 9. Election Cempsign Financing Full Fee is \$41.25 Due by May 1, 2008 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN OUR STATE IN OUR STATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN OUR STATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN OUR STATE IN OUR STATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN OUR STATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN OUR STATE ADDITIONS/CHANGES STATE IN OUR STATE ADDITIONS ADDITIONS ADDITIONS ADDITIONS ADDITIONS ADDITIONS ADDITIONS ADDITIONS ADDITIONS	2. Principal P	Place of Busines	ss - No P.O. Box #	3. Mailing Address				<u>-</u>						
Sh. Name and Address of Current Registered Agent 1. Name and Address of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Addres	Suite, Apt.	#, etc.		Suite, Apt. #, etc.					022620	108 CI	hg-NP	CR2E0	37 (12/06)	
E. Name and Address of Current Registered Agent F. Name and Address of Surrent Registered Agent T. Name and Address of New Registered Agent The Address (P.O. Box Number is Not Acceptable) The Address of New Registered Agent Th	City & State			City & State							 9			
Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (Zip	Country			Ziρ			5 Certificate of Status Desired \$8.75 Additi					litional	
J. PATRICK FITZCERALD 110 MERRICK WAY SUITE 3-B CORAL GABLES, FL 33134 City FL Zip Code 5. 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 City FL Zip Code	6. Name and Address of Current R				legistered Agent				7. Name	and Add	Iress of New	Registered	Agent	
CORAL GABLES, FL 33134 City FL Zip Code	110 MERRICK WAY							ddress (F	P.O. Box N	umber is	Not Acceptab	ole)		
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