

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004293

FILED
May 01, 2009
Secretary of State

Entity Name: MISIONES PAX, INC.

Current Principal Place of Business:

1779 NW 28TH ST
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

1779 NW 28TH ST
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-1137256 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

Jaquez, Marisela
1779 NW 28TH ST
MIAMI, FL 33142 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JAQUEZ, MARISELA
Address: 11341 NW 50TH TERRACE
City-St-Zip: MIAMI, FL 33178

Title: D () Delete
Name: CUTIE, ALBERTO REV
Address: 1779 NW 28TH ST
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: MAS CANOSA, RAUL
Address: 1515 BARACOA AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: ARGUELLO, SILVANA
Address: 600 NW 109 AVE #6
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: RODRIGUEZ, LOURDES
Address: 2211 SW 57TH CT
City-St-Zip: MIAMI, FL 331552238

Title: D () Delete
Name: SANCHEZ, LUIS
Address: 100 LINCOLN ROAD CU7
City-St-Zip: MIAMI BEACH, FL 331392013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOURDES RODRIGUEZ

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date