

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90030 016 \*\*\*\*61.25

**DOCUMENT# N01000006295**

1. Entity Name  
**IGLESIA PENTECOSTAL CASA DE RESTAURACION, INC.**



Principal Place of Business

1321 W WATER AVE  
TAMPA, FL 33604

Mailing Address

POST OFFICE BOX 260442  
TAMPA, FL 33685

40001000



01132005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3747728**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

OSORIO, LUIS  
4821 SANPABLO PL  
TAMPA, FL 33634

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME OSORIO, LUIS  
STREET ADDRESS 4821 SANPABLO PL  
CITY-ST-ZIP TAMPA, FL 33634

TITLE STD  
NAME OSORIO, ADA  
STREET ADDRESS 4821 SANPABLO PL  
CITY-ST-ZIP TAMPA, FL 33634

TITLE S  
NAME MARIEL, CANSEL  
STREET ADDRESS 10104 CHIMNEYHILL CT  
CITY-ST-ZIP TAMPA, FL 33615

TITLE D  
NAME VANESA, MEJIAS  
STREET ADDRESS 4821 SANPABLO PL  
CITY-ST-ZIP TAMPA, FL 33634

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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Man* / 25 / 05