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TALLAHASSEE, FLORIDA

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000001191

1. Entity Name
MINISTERIO DE PADRES Y MADRES ORANTES, INC.

Principal Place of Business	Mailing Address
14141 SW 26 ST MIAMI, FL 33175	14141 SW 26 ST MIAMI, FL 33175

01132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0630166
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANGULO, RAUL FATHER
14141 SW 26 ST
MIAMI, FL 33175

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ANGULO, RAUL FATHER
STREET ADDRESS	14141 SW 26 ST
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	D
NAME	HENNEFORTH, OLGA
STREET ADDRESS	14141 SW 26 ST
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	D
NAME	BOUND, VERONICA
STREET ADDRESS	14141 SW 26 ST
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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4/7

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: Olga Henneforth 3/17/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #