2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jun 10, 2008 8:00 am
Secretary of State
04-23-2008 90034 039 ****70.00

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1. Entity Name
MINISTERIO EL BUEN SAMARITANO, INC.

Principal Place of Business	Mailing Address
415 E. 12 ST HIALEAH, FL 33010	415 E. 12 ST HIALEAH, FL 33010

66013876

02262008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0492706
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SOTOLONGO, JAVIER Y REV
6100 E. 2ND AVE
HIALEAH, FL 33013

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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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOTOLONGO, JAVIER Y REV.
STREET ADDRESS	6100 E. 2ND AVENUE
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	VP
NAME	MARTINEZ, OSVALDO REV DELETE
STREET ADDRESS	4781 NW 6 ST
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	S
NAME	SOTOLONGO, EUNICE
STREET ADDRESS	6100 E 2ND AVENUE
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	T
NAME	BORREGO, FERMINA N
STREET ADDRESS	265 E. 17 ST
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/8/08 786-493-6951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #