

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000000494

1. Entity Name
MATRIMONIOS APOSTOLICOS, INC.



Principal Place of Business
**12465 SW 32 TERRACE
MIAMI, FL 33175**

Mailing Address
**12465 SW 32 TERRACE
MIAMI, FL 33175**



03242005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1060383	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FERRO, RITA M
3000 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134**

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD FERRO, RITA M 3000 ALHAMBRA CIRCLE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FERNANDEZ, EZEQUIEL 8482 SW 82 TERRACE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOLLEDA, ROBERTO M 12465 SW 32 TERRACE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIERRA, MIRTA C 5665 SW 80 ST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, MANUEL R 11930 SW 25 TERR. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/14/05-80043-021 61.25

**DO NOT WRITE
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

ROBERTO M. MOLLEDA

4/11/05 (305) 552-1048
Date Daytime Phone #