

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000002470

1. Entity Name  
CENTRO ESPIRITA "JUANA DE ANGELIS" CORP.



Principal Place of Business

11021 S.W. 142ND CT  
MIAMI, FL 33175

Mailing Address

11021 S.W. 142ND CT  
MIAMI, FL 33175

FILED  
Aug 17, 2007 08:00 A  
Secretary of State



06082007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number

41-2148431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

OLIVA, RAQUEL  
11021 S.W. 142ND CT  
MIAMI, FL 33175

**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 September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OLIVA, RAQUEL
STREET ADDRESS	11021 S.W. 142ND CT
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	S
NAME	CRUZ, AIDA
STREET ADDRESS	14642 SW 110 ST
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	T
NAME	RODGERS, JAIME
STREET ADDRESS	3645 SW 24TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D
NAME	LLAMOSA, FRANCIS
STREET ADDRESS	3645 SW 24TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D
NAME	TEJEDA, ALMA
STREET ADDRESS	11780 SW 18 ST
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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:

*Raquel Oliva*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-14-07 (305)382-0386

Date

Daytime Phone #