2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N03000003315 03-15-2004 90075 041 ****61.25 TEMPLO LA HERMOSA, INC. Principal Place of Business Mailing Address 1707 AVANT STREET 1707 AVANT STREET VALRICO, FL 33594-4779 VALRICO, FL 33594-4779 2. Principal Place of Business 3. Mailing Address 1016 MillER ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 02222004 Chg-NP CR2E037 (10/03) Applied For City & State City & State VAIRICO, FI Not Applicable \$8.75 Additional Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 CORAL WAY, 4TH FLOOR MIAMI, FL 33145 City Zip Code 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) 9. Election Campaign Financing . Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Detete TITLE ☐ Change ROMERO, MONSERRATE GONZALEZ, JUAN NAME NAME 1707 AVANT STREET STREET ADDRESS 1707 AVANT STREET STREET ADDRESS CITY-ST-7IP VALRICO, FL 335944779 CITY-ST-7IP VALRICO, FI. 335944779 VD Delete TITLE ☐ Change ☐ Addition TITLE ROMERO, L.P. LUZ NAME NAME 1707 AVANT STREET STREET ADDRESS STREET ADDRESS VALRICO, FL 335944779 CITY-ST-ZIP CITY-ST-ZIP SD Delete TITLE ☐ Change ☐ Addition PENAHERRERA, PABLO NAME NAME STREET ADDRESS 1707 AVANT STREET STREET ADDRESS VALRICÒ, FL 335944779 CITY-ST-ZIP CITY-ST-ZIP DT TITLE Change ☐ Addition TRUE ☐ Delete AGUIRRE, LUISA NAME NAME 1707 AVANT STREET STREET ADDRESS STREET ADDRESS VALRICO, FL 335944779 CITY-ST-ZIP CITY-ST-ZIP TIDE ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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.

FILED

Mar 15, 2004 8:00 am