

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000005541**

1. Entity Name  
**TABERNACULO DE RESTAURACION & REFUGIO INC.**



Principal Place of Business  
**15601 N E 5TH CT.  
NORTH MIAMI BEACH, FL 33162 US**

Mailing Address  
**15601 N E 5TH CT.  
NORTH MIAMI BEACH, FL 33162 US**



04182005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0389438**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTINEZ, JOHNNY SR.  
15601 N E 5 TH CT  
NORTH MIAMI BEACH, FL 33162**

**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	P
NAME	MARTINEZ, JOHNNY
STREET ADDRESS	15601 N E 5TH CT
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	SEC
NAME	GUZMAN, NELIDA
STREET ADDRESS	1374 N E 178 ST
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	T
NAME	RAMOS, SALOMON
STREET ADDRESS	1250 N E 125TH ST.
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000324262  
04/22/05-80081-024 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

4-19-05

Date

Daytime Phone #