## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jul 13, 2005 8:00 am Secretary of State 07-13-2005 90015 032 \*\*\*\*62.00

1. Entity Nam SOCIETE	MENT # N03000007 EAPOSTOLIQUE POUR LA LISATION, INC.		ELLE					0, 13 <b>2</b> 0		, , , , , , , , , , , , , , , , , , ,	9 <b>2</b> .00
Principal Place of Business P.O. BOX 681193 MIAMI, FL 33168		Mailing Address P.O. BOX 681193 MIAMI, FL 33168					20063269				
2. Principal P	face of Business	3. Mailir	ng Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<del>-</del>	07112005	Chg-NP	CR2E	037 (10/03)	
City & State		City & State					4. FEI Numbe			f	oplied For ot Applicable
Zip	Country	Zip		Cou	intry		5. Certificate	of Status Desire	d []	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered	l Agent		Name		7. Name and	Address of Nev	w Registered	Agent	
THE LAW	OFFICE OF JOHNNY FOSTE	R, LLC									
SECOND	AKLAND PK BLVD FLOOR IILL, FL 33319				Street A	ddress (I	P.O. Box Numbe	er is Nat Accepte	able)		
			City						F	L Zip Cod	θ
	named entity submits this statement for ions of registered agent.	r the purpo	se of changing its	s register	ed office or	register	ed agent, or bot	th, in the State of	fFlorida. I an	n lamiliar with,	and accept
SIGNATURE .											
	Signature, typed or printed name of registered agent	and title if appli	cable. (NO1	l'E: Registere	d Agent signati	periupes enr	when reinstating)		DATE		
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 7, 2005	and title if appli	9. Election Ca Trust Fund	mpaign F	inancing	ure required	\$5.00 May B Added to Fees	e F	Make che	ck payable t	
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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: Fr. Chapten Flore 10 Daylor Ordinate of SIGNING OFFICER OR DIRECTOR