


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000010211	
1. Entity Name OPUS CARITATIS CORP.	

Principal Place of Business 3609 SOUTH MIAMI AVE MIAMI, FL 33133	Mailing Address 3609 SOUTH MIAMI AVE MIAMI, FL 33133
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CASTANEDA, OSCAR F REV
ERMITA DE LA CARIDAD
3609 SOUTH MIAMI AVE
MIAMI, FL 33133

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

500088466645
02/16/07--01005--025 **69.90

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTANEDA, OSCAR F REV 3609 SOUTH MIAMI AVE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALVAREZ, GERARDO 3609 SOUTH MIAMI AVE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BRITO, CRISTINA 3609 SOUTH MIAMI AVE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAAP LOPEZ, CARLOS 3609 SOUTH MIAMI AVE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A PEREZ, MANUEL 5920 SW 113TH CT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Rev Oscar Castaneda* 2-1-07 305-854-2404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
07 FEB -9 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02012007 No Chg-NP CR2E037 (4/06) 87

4. FEI Number 54-2136468	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required