

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90163 014 ****70.00

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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**



2. Principal Place of Business - No P.O. Box #
3609 S. Miami Avenue
Suite, Apt. #, etc.

3. Mailing Address
3609 S. Miami Avenue
Suite, Apt. #, etc.

04242008 Chg-NP CR2E037 (12/06)

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
54-2136468

Applied For
☐ Not Applicable

Zip
33133

Country
USA

Zip
33133

Country
USA

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Rev. Oscar F. Castañeda
Street Address (P.O. Box Number is Not Acceptable)
Ermita de la Caridad
3609 S. Miami Avenue
City
Miami **FL** Zip Code
33133

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. *Rev. Oscar F. Castañeda*

SIGNATURE

Rev. Oscar Castañeda, President

April 26, 2008

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
P ☐ Delete
NAME
CASTANEDA, OSCAR F REV
STREET ADDRESS
3609 SOUTH MIAMI AVE
CITY-ST-ZIP
MIAMI, FL 33133

TITLE
VP ☒ Delete
NAME
ALVAREZ, GERARDO
STREET ADDRESS
3609 SOUTH MIAMI AVE
CITY-ST-ZIP
MIAMI, FL 33133

TITLE
SEC ☐ Delete
NAME
BRITO, CRISTINA
STREET ADDRESS
3609 SOUTH MIAMI AVE
CITY-ST-ZIP
MIAMI, FL 33133

TITLE
CAAP ☐ Delete
NAME
LOPEZ, CARLOS
STREET ADDRESS
3609 SOUTH MIAMI AVE
CITY-ST-ZIP
MIAMI, FL 33133

TITLE
A ☐ Delete
NAME
PEREZ, MANUEL
STREET ADDRESS
5920 SW 113TH CT
CITY-ST-ZIP
MIAMI, FL 33176

TITLE
 ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
Advisor ☐ Change ☒ Addition
NAME
Marroquin, Manuel
STREET ADDRESS
11110 S.W. 37 St. Miami, FL 33165

TITLE
VP ☒ Change ☐ Addition
NAME
Cristina Brito
STREET ADDRESS
13941 S.W. 25 St.
CITY-ST-ZIP
Miami, FL 33175

TITLE
Secretary ☐ Change ☒ Addition
NAME
Lourdes Duboy
STREET ADDRESS
3802 Park Dr.
CITY-ST-ZIP
Hollywood, FL 33026

TITLE
Advisor ☐ Change ☒ Addition
NAME
Frances Ordieres'
STREET ADDRESS
55 Ocean Lane Dr. #4024
CITY-ST-ZIP
Key Biscayne, FL 33149

TITLE
 ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
 ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #