## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400000548

FILED Mar 05, 2008 Secretary of State

Entity Name: TABERNACULO DE ALABANZAY RESTAURACION LA SENDA ANTIGUA NUEVO COMIENZO INC.

**Current Principal Place of Business: New Principal Place of Business:** 1420 ROSS AVE 2001 W VINE ST. KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 **Current Mailing Address: New Mailing Address:** 1420 ROSS AVE 2001 W VINE ST. KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 FEI Number: 20-0708209 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MUNDO, HECTOR M 910 VAQUERO LN KISSIMMEE, FL 34741 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MUNDO, HECTOR M Name: Name: 910 VAQUERO LN Address: Address: KISSIMMEE, FL 34741 City-St-Zip: City-St-Zip: Title: VD () Delete Title: () Change () Addition SANTANA, IRIS Name: Name: Address: 910 VAQUERO LN Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: Title: () Delete Title: SD (X) Change ( ) Addition SANTANA, MAGDA SERRANO, KESCHA Name: Name: 2204 WHISTLER PARK CIRCLE APT.2 2316 SIMPSON RIDGE CIRCLE APT.C Address: Address: City-St-Zip: KISSIMMEE, FL 34743 City-St-Zip: KISSIMMEE, FL 34744 Title: TD ( ) Delete Title: TD (X) Change ( ) Addition Name: ALVAREZ, EMELINA Name: SANTANA, MAGDA 219 WASHINGTON WOODS LANE Address: Address: 2030 ESTANCIA CIRCLE City-St-Zip: ORLANDO, FL 32824 City-St-Zip: KISSIMMEE, FL 34741 Title: () Delete Title: ( ) Change (X) Addition MUNDO, MARCOS Name: Name: 2316 SIMPSON RIDGE CIRCLE Address: Address: City-St-Zip: City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRIS SANTANA VP 03/05/2008