


2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90030 030 \*\*\*\*61.25

<b>DOCUMENT # N04000002806</b> 1. Entity Name HOLY SPIRIT OUTREACH, INC.			
Principal Place of Business 8156 NW 201 TERRACE MIAMI LAKES, FL 33015		Mailing Address 8156 NW 201 TERRACE MIAMI LAKES, FL 33015	
<div style="text-align: right;">           % D , 0 , , , , , . 4 , 2 D &amp;         </div>			
<div style="display: flex; justify-content: space-between;"> <span>01092006 No Chg-NP</span> <span>CR2E037 (11/05)</span> </div>			
4. FEI Number 34-1989363			Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  NAVARRO, RAYMUNDO A 8156 NW 201 TERRACE MIAMI LAKES, FL 33015			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> <div style="float: right;">DATE _____</div>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	DP		
NAME	NAVARRO, RAYMUNDO A		
STREET ADDRESS	8156 NW 201 TERRACE		
CITY-ST-ZIP	MIAMI LAKES, FL 33015		
TITLE	DS		
NAME	BENITEZ, RAFAEL		
STREET ADDRESS	2753 SW 133 AVE		
CITY-ST-ZIP	MIRAMAR, FL 33027		
TITLE	DT		
NAME	COLETO, REYNALDO		
STREET ADDRESS	10220 SW 167 TERR		
CITY-ST-ZIP	MIAMI, FL 33157		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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 appendices, with all other like empowered.			
<b>SIGNATURE:</b> <u>RAYMUNDO NAVARRO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1.29.06 (305)788 0305 <small>Date Daytime Phone #</small>	