

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011261

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** MISION CATOLICA DEL DIVINO NINO JESUS, INC.

**Current Principal Place of Business:**

25425 SW 157 AVE  
MIAMI, FL 33031 US

**New Principal Place of Business:**

**Current Mailing Address:**

13432 SW 66 TERRACE  
MIAMI, FL 33183 US

**New Mailing Address:**

**FEI Number:** 65-0855875

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIZO, HERMOGENES R BISHOP  
13432 SW 66 TERRACE  
MIAMI, FL 33183 US

**Name and Address of New Registered Agent:**

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:**

Title: DIR ( ) Delete  
Name: RIZO, HERMOGENES R  
Address: 13432 SW 66 TERR.  
City-St-Zip: MIAMI, FL 33183

Title: DIR ( ) Delete  
Name: SUAREZ, JOSE A  
Address: 25425 SW 157 AVE  
City-St-Zip: HOMESTEAD, FL 33031

Title: DIR ( ) Delete  
Name: SOLANO, VERA  
Address: 25425 SW 157 AVE  
City-St-Zip: HOMESTEAD, FL 33031

Title: DIR (X) Delete  
Name: TOBOR DE SUAREZ, MARIA  
Address: 25425 W 157 AVE  
City-St-Zip: HOMESTEAD, FL 33031

Title: DIR (X) Delete  
Name: GIMENTTI, ANGELA  
Address: 25425 SW 157 AVE  
City-St-Zip: HOMESTEAD, FL 33031

Title: DIR (X) Delete  
Name: SUAREZ, CAMILO  
Address: 25425 SW 157 AVE  
City-St-Zip: HOMESTEAD, FL 33031

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR (X) Change ( ) Addition  
Name: LOAIZA, SAMUEL MR.  
Address: 15330 SW 72 STREET, # 24  
City-St-Zip: MIAMI, FL 33193

Title: S (X) Change ( ) Addition  
Name: SOLANO, VERA MRS.  
Address: 13522 SW 170 STREET  
City-St-Zip: MIAMI, FL 33177

Title: DIR (X) Change ( ) Addition  
Name: TOBAR, MARIA MRS.  
Address: 25425 SW 157 AVE  
City-St-Zip: HOMESTEAD, FL 33031

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VERA SOLANO

S

04/28/2005

Electronic Signature of Signing Officer or Director

Date