

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011261

FILED
Apr 26, 2006
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:

11602 NW 57 AVE.
HIALEAH, FL 33012 US

Current Mailing Address:

13432 SW 66 TERRACE
MIAMI, FL 33183 US

New Mailing Address:

FEI Number: 63-0855873

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: LOAIZA, SAMUEL MR.
Address: 15330 SW 72 STREET, # 24
City-St-Zip: MIAMI, FL 33193

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: MANUEL, OROZCO MR.
Address: 1700 NW DELAWARE PKWY-1
City-St-Zip: MIAMI, FL 33125

Title: S (X) Change () Addition
Name: NATASHA, ALFONSO MRS.
Address: 10540 NW 200 AV.
City-St-Zip: MIAMI SHORES, FL 3150

Title: DIR (X) Change () Addition
Name: PEDRO, QUINTANILLA MR.
Address: 11602 NW 57 AVE.
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the 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: NATASHA ALFONSO

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04/26/2006

Electronic Signature of Signing Officer or Director

Date