2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

04-28-2006 90184 002 ****75.00

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1. Entity Name
HERMANDAD DEL SENOR DE LOS MILAGROS DE
JACKSONVILLE INCORPORATED



40069999 Principal Place of Business Mailing Address 4752 ASTRAL STREET 4752 ASTRAL STREET JACKSONVILLE, FL 32205 JACKSONVILLE, FL 32205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252006 Chg-NP CR2E037 (11/05) Applied For City & State City & State 4 FEI Number 83-0456139 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORDOVA, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 4752 ASTRAL STREET JACKSONVILLE, FL 32205 City Zip Code 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. 4-26-2006 SIGNATURE Stgnature, typed or printed name of registered agent and little if applicable 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution. Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Defete TITLE Bardales Dolores 8859 old King Rd. Apt 513 Jacksonuille Fl. 32257 ALVA. MIGUEL NAME NAME STREET ADDRESS 5985 WINDSOR FOREST DR APT 24 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 CITY - ST-7IP Change ☐ Addition Delete TITLE TITLE AIFARD LAZATO_M. PUENTE, ARTURO NAME NAME Windsor forEst Dr. apt 8 Jackonulle. Fl. 32210 STREET AODRESS STREET ADDRESS 463-8 BENTWOOD LANE CITY-ST-ZIP ORANGE PARK, FL 32073 CITY - ST - ZIP ALEJONDYINA ZAUBILA Change Addition ☐ Delete TITLE BARDALES, DOLORES NAME NAME 752 ASTral ST. SACKSONULLE P STREET ADDRESS 8859 OLD KING RD S APT 513 STREET ADDRESS JACKSONVILLE, FL 32257 CITY-ST-ZIP pl. 32205 CHY+ST-ZIP Delete Addition HITLE Francisco Cordova PALOMINO, CESAR NAME NAME 4752 ASTrAL SI STREET ADDRESS STREET ADDRESS 4147 STILLWOOD DR CITY-ST-7IP Sockonville. E. 32205 CITY-ST-ZIP JACKSONVILLE, FL 32257 Change ☐ Addition TITLE Delete TITLE ALFARO, LAZARO M NAME NAME WINDSOR FOREST DR APT 8 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32210 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2006

(904)387-1460

Daysme Phone