

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

09-05-2006 90023 042 \*\*\*\*70.00

<b>DOCUMENT # N05000005566</b> 1. Entity Name TEMPLO RESTAURACION KAIROS, INC.					
Principal Place of Business 129 AURORA LANE KISSIMMEE, FL 34758				Mailing Address 129 AURORA LANE KISSIMMEE, FL 34758	
2. Principal Place of Business 1113 Rhodes Rd. N. Suite, Apt. #, etc.		3. Mailing Address 111 Nicholas Ct. Suite, Apt. #, etc.			
City & State Haines City, FL		City & State Kissimmee, FL		4. FEI Number 32-0151195	
Zip 33844		Country POLK		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent MORALES, OLGA V 129 AURORA LANE KISSIMMEE, FL 34758		7. Name and Address of New Registered Agent Name: Olga V. Morales Street Address (P.O. Box Number is Not Acceptable): 111 Nicholas Ct. City: Kissimmee State: FL Zip Code: 34758			
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: <u>Olga V. Morales</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>8/23/06</u> <small>(NOTE: Registered Agent signature required when reissuing)</small>	
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORALES, HECTOR L 129 AURORA LANE KISSIMMEE, FL 34758	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Carmen Montes 136 Orange Drive Lake Hamilton, FL 33851
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORALES, OLGA V 129 AURORA LANE KISSIMMEE, FL 34758	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Francisco Contron 136 Orange Drive Lake Hamilton, FL 33851
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVERAS, OLGA I 129 AURORA LANE KISSIMMEE, FL 34758	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MELENDEZ, SAMUEL 129 AURORA LANE KISSIMMEE, FL 34758	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLON, LUZ 129 AURORA LANE KISSIMMEE, FL 34758	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or other like empowered.					
SIGNATURE: <u>Hector R. Morales</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>8/23/06</u> <small>Daytime Phone #</small>	