2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# N06000000332

Entity Name: MOVIMIENTO DE IGLESIAS CASA DE RESTAURACION, INC

Current Principal Place of Business:

1321 W.WATER AVE
SUITE 105,106
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

1321 W.WATER AVE
SUITE 105,106
TAMPA, FL 33604

New Mailing Address:

FEI Number: 20-4105285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSORIO, LUIS G SR
1321 SANPABLO PL
TAMPA, FLORIDA, FL 33634 US

Name and Address of New Registered Agent:

OSORIO, LUIS G SR
9557 SOUTHERNCHARMS CIR
BROKKSVILLE, FLORIDA, FL 34613 US

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: LUIS OSORIO 04/22/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OSORIO, LUIS G SR
Address: 9557 SOUTHERCHARM CIR
City-St-Zip: BROOKSVILLE, FL 34613

Title: O ( ) Delete
Name: MERCADO, JOSE
Address: 105 E EUCLID ST
City-St-Zip: TAMPA, FL 33602

Title: VP ( ) Delete
Name: OSORIO, ADA R
Address: 9557 SOUTHERNCHARMS CIR
City-St-Zip: BROOKSVILLE, FL 34613

Title: MR (X) Delete
Name: ALVARADO, RENE S
Address: 16109 NORDHGLENN DR
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: LUIS G OSORIO MR 04/22/2008
Electronic Signature of Signing Officer or Director Date