

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004344

FILED  
Jul 13, 2007  
Secretary of State

**Entity Name:** CASA DE MISERICORDIA Y RESTAURACION, INC.

**Current Principal Place of Business:**

1507 E. BOUGAINVILLEA AVE  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

1507 E. BOUGAINVILLEA AVE  
TAMPA, FL 33612

**New Mailing Address:**

**FEI Number:** 20-4733029      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

CARELA, ANGEL B  
1507 E. BOUGAINVILLEA AVE  
TAMPA, FL 33612      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: CARELA, ANGEL B  
Address: 1507 E. BOUGAINVILLEA AVE  
City-St-Zip: TAMPA, FL 33612

Title: VP      ( ) Delete  
Name: CARELA, GELMAR N  
Address: 1507 E. BOUGAINVILLEA AVE  
City-St-Zip: TAMPA, FL 33612

Title: S      ( ) Delete  
Name: ESPINOSA-LESTER, JACQUELINE  
Address: 4413 PINE MEADOW COURT  
City-St-Zip: TAMPA, FL 33624

Title: T      ( ) Delete  
Name: DE LA ROSA, JULIO C  
Address: 10105 BAY WIND COURT  
City-St-Zip: TAMPA, FL 33615

**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: ANGEL CARELA

P

07/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date