2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007610

Entity Name: EL TABERNACULO, INC.

FILED May 11, 2008 Secretary of State

Current Principal Place of Business:		New Princ	New Principal Place of Business:	
	•		•	
437 NE 82 17	. 51			
MIAMI, FL	33138 US			
Current M	lailing Address:	New Maili	New Mailing Address:	
437 NE 82	ST			
17 MIAMI, FL	33138 US			
In accordan	: 14-2005078	-		
437 NE 82 17 MIAMI, FL	33138 US			
	e named entity submits this statement for the purpo e of Florida.	ose of changing	its registered office or registered agent, or both,	
SIGNATU				
	Electronic Signature of Registered Agent		Date	
OFFICER	S AND DIRECTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete CASTILLOVEITIA, ALVIN 437 NE 82 ST, # 17 MIAMI, FL 33138 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete CASTILLOVEITIA, EURIPEDES E 437 NE 82 ST, # 17 MIAMI, FL 33138 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete LOPEZ, MIRTA J 162 NE 22 ST MIAMI, FL 33137 US	Title: Name: Address: City-St-Zip:	S (X) Change () Addition DE DIOS, ARMANDO F 600 NW 6 ST. APT 304 MIAMI, FL 33136 US	
Title: Name: Address: City-St-Zip:	VS () Delete TELLES, NELIDA 437 NE 82 ST, # 24 MIAMI, FL 33138 US	Title: Name: Address: City-St-Zip:	T (X) Change () Addition DE DIOS, RAQUEL T 600 NW 6 ST. APT 304 MIAMI, FL 33136 US	
Title: Name: Address: City-St-Zip:	T () Delete CASTILLOVEITIA, EURIPEDES E 437 NE 82 ST, # 17 MIAMI, FL 33138 US	Title: Name: Address: City-St-Zip:	VT (X) Change () Addition SANCHEZ, GILZA M 2100 SANS SOUCI BLVD. APT 109 MIAMI, FL 33181 US	
Title: Name: Address: City-St-Zip:	VT (X) Delete SANCHEZ, GILZA M 2100 SANS SOUCI BLVD, APT # 109 NORTH MIAMI, FL 33181 US	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ALVIN CASTILLOVEITIA P 05/11/2008