

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001226

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** PEREGRINOS EUCARISTICOS DEL PADRE CELESTIAL, INC.

**Current Principal Place of Business:**

720 W 27 STREET  
HIALEAH, FL 33010

**New Principal Place of Business:**

2000 S BAYSHORE DRIVE  
VILLA 67  
MIAMI, FL 33133

**Current Mailing Address:**

720 W 27 STREET  
HIALEAH, FL 33010

**New Mailing Address:**

2000 S BAYSHORE DRIVE  
VILLA 67  
MIAMI, FL 33133

FEI Number: 26-1937279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FERNANDEZ, MARTA  
720 W 27 STREET  
HIALEAH, FL 33010 US

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

FERNANDEZ, MARTA  
2000 S BAYSHORE DRIVE  
VILLA 67  
MIAMI, FL 33133 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:

04/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: AMPUDIA, SILVIA P  
Address: 2000 SO BAYSHORE DRIVE VILLA 67  
City-St-Zip: MIAMI, FL 33010

Title: TSD ( ) Delete  
Name: FERNANDEZ, MARTA  
Address: 2000 SO BAYSHORE DRIVE VILLA 67  
City-St-Zip: MIAMI, FL 33010

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: AMPUDIA, SILVIA P  
Address: 2000 S. BAYSHORE DRIVE VILLA 67  
City-St-Zip: MIAMI, FL 33133

Title: TSD (X) Change ( ) Addition  
Name: FERNANDEZ, MARTA M  
Address: 2000 S. BAYSHORE DRIVE VILLA 67  
City-St-Zip: MIAMI, FL 33133

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: MARTA MARIA FERNANDEZ

S

04/28/2009

Electronic Signature of Signing Officer or Director

Date