

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011595

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** CASA DE RESTAURACION MINISTRIES - SMYRNA INC.

**Current Principal Place of Business:**

1161 N DOUGLAS ROAD  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

1161 N DOUGLAS ROAD  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

**FEI Number:** 27-4269991

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

AMADOR, LEONEL  
1161 N DOUGLAS ROAD  
PEMBROKE PINES, FL 33024 US

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

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: PRES  
Name: AMADOR, LEONEL E  
Address: 1161 N DOUGLAS ROAD  
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: VP  
Name: AMADOR, PIEDAD R  
Address: 1161 N DOUGLAS ROAD  
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: DIR  
Name: HERNANDEZ, NOELBA O  
Address: 1161 N DOUGLAS ROAD  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: DIR  
Name: AMADOR, JONATHAN L  
Address: 1161 N DOUGLAS ROAD  
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby 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 all other like empowered.

SIGNATURE: LEONEL AMADOR

PRES

04/27/2012

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

\_\_\_\_\_  
Date