

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19923

FILED
Jun 27, 2005
Secretary of State

Entity Name: CLARETIAN MISSIONS, INC.

Current Principal Place of Business:

7080 S.W. 99 AVE
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

7080 SW 99TH AVENUE
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 59-2818284 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:

CORTES, ONDINA A
18450 NW 12TH AVE.
MIAMI, FL 33169 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: PD () Delete
Name: CORTES, ONDINA A SR.
Address: 18450 N W 12 AVE.
City-St-Zip: MIAMI, FL 33169

Title: VD () Delete
Name: CORCES, PEDRO FR.
Address: 9401 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33138

Title: SD () Delete
Name: LOPEZ, ROSA
Address: 9871 SW 32 ST.
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: MONTELONGO, JORGE
Address: 13830 SW 10 TERR
City-St-Zip: MIAMI, FL 33184

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: LOPEZ, LUIS
Address: 9871 SW 32 ST.
City-St-Zip: MIAMI, FL 33165

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

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

Title: D () Change (X) Addition
Name: MONTELONGO, MARIA
Address: 13830 SW 10 TERR
City-St-Zip: MIAMI, FL 33184

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ONDINA CORTES

PD

06/27/2005

Electronic Signature of Signing Officer or Director

Date