

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90069 019 \*\*\*\*61.25

<b>DOCUMENT # N19923</b> 1. Entity Name <b>CLARETIAN MISSIONS, INC.</b>					
Principal Place of Business <b>7080 S.W. 99 AVE</b> <b>MIAMI, FL 33173</b>			Mailing Address <b>7080 SW 99TH AVENUE</b> <b>MIAMI, FL 33173 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2818284</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORTES, ONDINA A</b> <b>18450 NW 12TH AVE.</b> <b>MIAMI, FL 33169</b>			7. Name and Address of New Registered Agent Name <b>CORTES, ONDINA A</b> Street Address (P.O. Box Number is Not Acceptable) <b>7080 SW 99 Ave</b> City <b>MIAMI</b> FL <b>33173</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORTES, ONDINA 7080 SW 99 AVE MIAMI, FL 33173	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOPEZ, LUIS 9871 SW 32 ST. MIAMI, FL 33165	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ, ROSA 9871 SW 32 ST. MIAMI, FL 33165	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTELONGO, JORGE 13830 SW 10 TERR MIAMI, FL 33184	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTELONGO, MARIA 13830 SW 10 TERR MIAMI, FL 33184	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZARUT, MARIBEL 13211 SW 68 ST MIAMI, FL 33183	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			SIGNATURE: <i>Richard Cortes</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <b>1/25/07</b> Daytime Phone #: <b>305-586-6100</b>		

# ATTACHMENT

60008608

10. Continued: OFFICERS AND DIRECTORS

# N19923

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Blanca Flores  
13401 SW 53 St  
Miami, FL 33175

D

Jose Gonzalez  
2919 SW 17 St.  
Miami, Fl. 33145

D

Mariana Gonzalez  
2919 SW 17 St.  
Miami, Fl. 33145