



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N25242 1. Entity Name HERMANDAD DEL SENOR DE LOS MILAGROS DEL SUR DE LA FLORIDA, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 FEB -3 AM 9:59 REINSTATEMENT 05-06 	
Principal Place of Business SAN ISIDRO CATHOLIC CHURCH 2310 M. LUTHER KING BLVD. POMPANO BEACH, FL 33069				Mailing Address P.O. BOX 934772 MARGATE, FL 33093			
2. Principal Place of Business		3. Mailing Address		01232006 REIN-NP CR2E099 (11/05) 4. FEI Number 65-0065208 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent RAMIREZ, ANTONIO 1401 S DIXIE HWY EAST 4E POMPANO BEACH, FL 33060				7. Name and Address of New Registered Agent Name RAUL TOMAS Street Address (P.O. Box Number is Not Acceptable) 4764 LAGO VISTA Dr. City COCONUT CREEK FL Zip Code 33073			
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 <u><i>Raul Tomas</i></u> 01/24/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>							
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMIREZ, ANTONIO 1401 S DIXIE HWY 4E POMPANO BEACH, FL 33060 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RAUL TOMAS 4764 LAGO VISTA Dr. COCONUT CREEK FL. 33073 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARRIENTOS, ERNESTO 5337 NW 55TH ST COCONUT CREEK, FL 33073 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER RAUL MARROQUIN 6 PLEASANT HILL LANE TAMARAC, FL. 33319 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VON MASSEUBACH, RITTER 5463 ENCLAVE CROSSING WAY C-1 DELRAY BEACH, FL 33484 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 50006556205 02/10/06--01019--017 **122.50 </div> <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROJAS, PABLO 22055 ASIATIC STREET BOCA RATON, FL 33428 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>				
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: <u><i>Raul Marroquin</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		RAUL MARROQUIN		01/24/06		954-663-6405	
				Date		Daytime Phone #	