

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90193 029 ****61.25

DOCUMENT # N25242 1. Entity Name HERMANDAD DEL SENOR DE LOS MILAGROS DEL SUR DE LA FLORIDA, INC.					
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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0065208	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TOMAS, RAUL 4764 LAGO VISTA DRIVE COCONUT CREEK, FL 33073				7. Name and Address of New Registered Agent Name JOSE ROJAS Street Address (P.O. Box Number is Not Acceptable) 4872 NW 95th AVENUE SUNRISE City FL Zip Code 33351	
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>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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	P TOMAS, RAUL 4764 LAGO VISTA DRIVE COCONUT CREEK, FL 33073		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSE ROJAS 4872 NW 95th AVENUE SUNRISE, FL 33351	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARROQUIN, RAUL 6 PLEASANT HILL LANE TAMARAC, FL 33319		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATRICIA FERNANDEZ 242 NE 40th Ct. PAMPANO BEACH, FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: JOSE ROJAS 4/19/2007 (954) 748-0746 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					