2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N35403

1. Entity Name
MISERICORDIA Y VERDAD, INC.

Principal Place of Business	Mailing Address
1759 SW 4 ST. MIAMI, FL 33135 US	1825 SW 4TH ST MIAMI, FL 33135

01252006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0176742
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LARA, ZENAIDA I.
1825 SW 4TH ST
MIAMI, FL 33135

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LARA, ZENAIDA I.
STREET ADDRESS	1825 SW 4 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	JIMENEZ, ANA
STREET ADDRESS	1837 SW 4 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	JIMENEZ, ANA
STREET ADDRESS	1837 SW 4 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	LARA, ZENAIDA I
STREET ADDRESS	1825 SW 4 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	DIAZ, ULISES
STREET ADDRESS	1638 SW 3 ST
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000470208
03/28/06-80004-023 8.75

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: Zenaida Lara 3/07/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #