

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State


04-30-2007 90784 001 ****61.25

04-30-2007 90784 002 *****8.75

66012045



04262007 Chg-NP CR2E037 (12/06)

DOCUMENT # N35403					
1. Entity Name MISERICORDIA Y VERDAD, INC.					
Principal Place of Business 1759 SW 4 ST. MIAMI, FL 33135 US			Mailing Address 1825 SW 4TH ST MIAMI, FL 33135		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0176742	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LARA, ZENAIDA I. 1825 SW 4TH ST MIAMI, FL 33135			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 reinstating) DATE</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					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	LARA, ZENAIDA I.				
STREET ADDRESS	1825 SW 4 ST				
CITY-ST-ZIP	MIAMI, FL				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	JIMENEZ, ANA				
STREET ADDRESS	1837 SW 4 ST				
CITY-ST-ZIP	MIAMI, FL				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	JIMENEZ, ANA				
STREET ADDRESS	1837 SW 4 ST				
CITY-ST-ZIP	MIAMI, FL				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	LARA, ZENAIDA I				
STREET ADDRESS	1825 SW 4 ST				
CITY-ST-ZIP	MIAMI, FL				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	DIAZ, ULISES				
STREET ADDRESS	1638 SW 3 ST				
CITY-ST-ZIP	MIAMI, FL 33135				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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>Zenaida Lara</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <u>4/26/07</u> Daytime Phone # _____					
ZENAIIDA LARA					