

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36564

FILED
Aug 27, 2007
Secretary of State

Entity Name: LA SAGRADA FAMILIA, INC.

Current Principal Place of Business:

113-06 157 STREET
JAMAICA, NY 11435

New Principal Place of Business:

Current Mailing Address:

107-23 71ST RD
140
FOREST HILLS, NY 11375 US

New Mailing Address:

FEI Number: 59-2995575 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SMITH, DELSA M
5951 ELMHURST ROAD
WEST PALM BEACH, FL 33417 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CERVANTES, ERNESTO
Address: 113-06 157 STREET
City-St-Zip: JAMAICA, NY 11435

Title: VD () Delete
Name: CERVANTES, LUZ C
Address: 113-06 157 STREET
City-St-Zip: JAMAICA, NY 11435

Title: TD () Delete
Name: PERALTA, MARGARITA
Address: 116 BELLANCA LN.
City-St-Zip: NEW CASTLE, DE 19720

Title: S () Delete
Name: PERALTA, VINICIO Y
Address: 116 BELLANCA LN.
City-St-Zip: NEW CASTLE, DE 19720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUZ C CERVANTES

VD

08/27/2007

Electronic Signature of Signing Officer or Director

Date