

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

|                                                                                  |                                                                                   |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N45642</b><br>1. Entity Name<br>CONGREGACION MITA DE FLORIDA, INC. |  |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                            |                                                                |
|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br>200 WEST LANCASTER RD.<br>ORLANDO, FL 32809 | Mailing Address<br>200 WEST LANCASTER RD.<br>ORLANDO, FL 32809 |
|----------------------------------------------------------------------------|----------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



04022004 No Chg-NP CR2E037 (10/03)

|                                                                      |                                |
|----------------------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>59-3092641                                          | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SOTO, ISMAEL  
304 W. LANCASTER ROAD., SIDE B  
ORLANDO, FL 32809

**DO NOT WRITE  
IN THIS SPACE**

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

|                                                     |                                                                                                                 |                                           |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000139086<br>04/29/04-80106-034 61.25 |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------|

10. OFFICERS AND DIRECTORS

|                                                |                                                                       |
|------------------------------------------------|-----------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>MONTERO, JOSE A<br>1199 WAKULA WAY<br>ORLANDO, FL               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SOTO, ISMAEL<br>304 W. LANCASTER RD SIDE B<br>ORLANDO, FL 32809 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>CHARRIEZ, DIANA R<br>94 ZACALO WAY<br>KISSIMMEE, FL 34743       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>RIVERA, JUANITA<br>1202 WAKULLA WAY<br>ORLANDO, FL 32839        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ORTIZ, ELDA SARA<br>1208 PERKINS RD<br>ORLANDO, FL 32809x        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                       |

U000000139086  
04/29/04-80106-035 8.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ismael Soto 4-16-04 407-240-0393  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if