

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90070 041 \*\*\*\*\*70.00

**DOCUMENT # N92000000162**

1. Entity Name

MISSION DOMINGO SAVIO, INC.



Principal Place of Business

Mailing Address

7711 SW 56 ST #212A  
MIAMI FL 33155

7711 SW 56 ST #212A  
MIAMI FL 33155

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

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0373762

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCES, LIDIA  
7711 SW 56 ST #212A  
MIAMI FL 33155

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME PERDOMO, GUILLERMO SJ  
STREET ADDRESS AVE FRANCISCO DE ROSARIO SANCHEZ, LOS GUAN  
CITY- ST- ZIP SANTO DOMINGO, DOMINICAN REP

TITLE VD ☒ Delete  
NAME ORAA, LUIS M SJ  
STREET ADDRESS AVE FRANCISCO DE ROSARIO SANCHEZ, LOS GUAN  
CITY- ST- ZIP SANTO DOMINGO, DOMINICAN REP

TITLE STD ☐ Delete  
NAME GARCES, LIDIA  
STREET ADDRESS 7711 SW 56 ST #212A  
CITY- ST- ZIP MIAMI FL 33155

TITLE VD ☐ Delete  
NAME GUERRERO, CESAR  
STREET ADDRESS 1608 SW 143 PLACE  
CITY- ST- ZIP MIAMI FL 33175

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Change ☐ 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 Section 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:

*Lidia Garces* Lidia Garces, Treasure

Date

3/30/07

Daytime Phone #

(305) 215 8423