
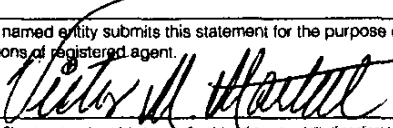
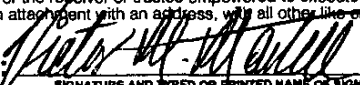


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90027 023 ****70.00

DOCUMENT # N96000002690					
1. Entity Name SOCIETY OF ST. VINCENT DE PAUL ARCHDIOCESAN COUNCIL OF MIAMI, INC.					
Principal Place of Business 2200 NE 191 ST. NORTH MIAMI BCH., FL 33180 US			Mailing Address P O BOX 431232 MIAMI, FL 33243 US		
2. Principal Place of Business - No P.O. Box # 3675 S. Miami Ave.			3. Mailing Address		
Suite, Apt. #, etc. Suite 8			Suite, Apt. #, etc.		
City & State Miami Fla			City & State		
Zip 33133		Country USA		Zip	
Country		01082007 Chg-NP CR2E037 (12/06)			
4. FEI Number 65-0681310				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTELL, VICTOR 2301 SW 140 ST MIAMI, FL 33176			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable) 13038 SW 91 Place			Street Address (P.O. Box Number is Not Acceptable)		
City Miami			City		
FL			FL		
Zip Code 33176			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 		Victor Martell President		1-20-07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD	NAME MARTELL, VICTOR		<input type="checkbox"/> Delete		
STREET ADDRESS 9301 SW 140 ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP MIAMI, FL 33176	13038 SW 91 Place MIAMI FL 33176				
TITLE VD	NAME FERNANDEZ, EMILIO		<input type="checkbox"/> Delete		
STREET ADDRESS 15412 SW 43RD LN	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP MIAMI, FL 33185	GARGANTA, ANDRES				
TITLE TD	NAME GARGANTA, AUDRIS		<input type="checkbox"/> Delete		
STREET ADDRESS 9933 SW 21 ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP MIAMI, FL 33185	SD				
TITLE SD	NAME BARRIENTOS, MARIE		<input type="checkbox"/> Delete		
STREET ADDRESS 1825 NE 174 ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP NORTH MIAMI BCH, FL 33162	TD				
TITLE TD	NAME GARGANTA, ANDRES		<input type="checkbox"/> Delete		
STREET ADDRESS 9933 SW 21 ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP MIAMI, FL 33185	SD				
TITLE SD	NAME BARRIENTOS, MARIE		<input type="checkbox"/> Delete		
STREET ADDRESS 1825 NE 174 ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP NORTH MIAMI BCH, FL 33162	TD				
TITLE TD	NAME GARGANTA, ANDRES		<input type="checkbox"/> Delete		
STREET ADDRESS 9933 SW 21 ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP MIAMI, FL 33185	SD				
TITLE SD	NAME BARRIENTOS, MARIE		<input type="checkbox"/> Delete		
STREET ADDRESS 1825 NE 174 ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP NORTH MIAMI BCH, FL 33162	TD				
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: 		Victor Martell President 1-20-07 305 531 8678			
Signature and typed or printed name of signing officer or director		Date Daytime Phone #			