

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002971

FILED
Jan 15, 2005
Secretary of State

Entity Name: HOUSE OF THE DIVINE WILL, INC.

Current Principal Place of Business:

5900 LEONARDO ST
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

5900 LEONARDO ST
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-0688115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, MARIANELA
5900 LEONARDO ST
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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: PCD () Delete
Name: MASSIEU, CARLOS A
Address: 5900 LEONARDO ST
City-St-Zip: CORAL GABLES, FL 33146 US

Title: VD () Delete
Name: FERNANDEZ-SILVA, JORGE
Address: 8041 SW 54 CT
City-St-Zip: MIAMI, FL 33143 US

Title: TD () Delete
Name: PEREZ, MARIANELA R
Address: 5900 LEONARDO ST
City-St-Zip: CORAL GABLES, FL

Title: SD () Delete
Name: WRIGHT, LOURDES
Address: 5900 LEONARDO SR
City-St-Zip: CORAL GABLES, FL 33146 US

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: SD (X) Change () Addition
Name: WRIGHT, LOURDES
Address: 5900 LEONARDO ST
City-St-Zip: CORAL GABLES, FL 33146 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARIANELA R PEREZ

TD

01/15/2005

Electronic Signature of Signing Officer or Director

Date