## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000001095

FILED Apr 30, 2004 Secretary of State

Entity Name: HERMANDAD DEL SENOR LOS MILAGROS DE MIAMI, INC.

Current Principal Place of Business:			New Principal Place of Business:	
9200 S.W. MIAMI, FL	. 107TH AVEN 33176	IUE		
Current Mailing Address:		New Mailing Address:		
9200 S.W. MIAMI, FL	. 107TH AVEN 33176	IUE		
FEI Number	: 65-0730835	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
CARCHEI 9200 SW	RI, MARIA			
MIAMI, FL				
The above	33176	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
The above	33176 e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
The above in the Stat	33176 e named entity e of Florida. RE:	submits this statement for the particles of Registered Ag		d office or registered agent, or both,  Date
The above in the Stat	33176 e named entity e of Florida. RE:	nic Signature of Registered Ag	ent	
The above in the Stat	anamed entity e of Florida.  RE: Electro  S AND DIRECTOR	nic Signature of Registered Age CTORS: ) Delete HA TH STREET	ent	Date
The above in the State SIGNATU  OFFICER  Title: Name: Address:	anamed entity of Florida.  RE: Electro  S AND DIRECTOR  PD ( SOUZA, MIRT 9371 S.W. 76 MIAMI, FL 33	nic Signature of Registered Age CTORS:  ) Delete HA TH STREET 173  ) Delete IARIA	ent  ADDITIONS/CHANGI  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: MIRTHA SOUZA P 04/30/2004