


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000001330 1. Entity Name EL SANTUARIO INC	
--	---

Principal Place of Business 3802 W. 12 AVE HIALEAH, FL 33012	Mailing Address 3806 W. 12 AVE HIALEAH, FL 33012
--	--

DO NOT WRITE IN THIS SPACE



03312005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0734698	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHEVEREZ, ANTHONY
2621 AZALEA
MIRAMAR, FL 33025

**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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHEVEREZ, ANTHONY 2621 AZALEA AVENUE MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMIREZ, BERNICE 2621 AZALEA AVENUE MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES D'CASTRO, MAGALY 3699 WEST 12TH AVENUE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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)(n), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

4-24-05 954-447-2581