2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001958

US

FILED Jan 07, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

7955 N.W. 64 ST MIAMI, FL 33166

Current Mailing Address: New Mailing Address:

7955 N.W. 64 ST MIAMI, FL 33166 US

FEI Number: 65-0761127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONSTANTINO, MANUEL TRES CONSTANTINO, MANUEL TRES 1801 N.E. 172 ST. 15683 N.W. 12 RD. N.MIAMI BEACH, FL 33162 PEMBROKE PINES, FL 33028 US

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: 01/07/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES (X) Change () Addition () Delete VASQUEZ, TEODORO PRES VASQUEZ TEODORO PRES Name: Name:

3820 N.W. 63 CT. Address: 3820 N.W. 63 CT. Address:

City-St-Zip: VIRGINIA GARDENS, FL 33166 City-St-Zip: VIRGINIA GARDENS, FL 33166 US

Title: SEC () Delete Title: (X) Change () Addition CACEDA, ALDO SEC Name: CACEDA, ALDO SEC Name:

Address: 11291 N.W. 15 CT. Address: 11291 N.W. 15 CT. City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: **TRES** () Delete Title: **TRES** (X) Change () Addition CONSTANTINO, MANUEL TRES CONSTANTINO, MANUEL TRES Name: Name:

Address: 1801 N. E. 172 ST. Address: 15683 N.W. 12 RD.

City-St-Zip: N. MIAMI BEACH, FL 33162 City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: PR () Delete Title: PR (X) Change () Addition

Name: WALLING, HENRY PR Name: WALLING, HENRY PR Address: 7301 S. WATERWAY DR. Address: 7301 S. WATERWAY DR. City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 33155 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HENRY WALLING PR 01/07/2008