
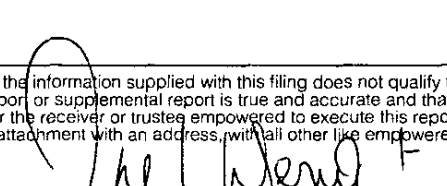


**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

0400000000



MOORE CR2E037 (11/03)

<b>DOCUMENT # N97000002670</b>				<b>Secretary of State</b> 04-22-2004 90036 028 ****61.25	
1. Entity Name <b>SAN PABLO MISSION, INC.</b>		Principal Place of Business <b>571 S.W. 71ST COURT MIAMI FL 33144</b>		Mailing Address <b>571 S.W. 71ST COURT MIAMI FL 33144</b>	
2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>31-1546526</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent <b>LICKSTEIN, FRED K ESQ. 100 S.E. 2ND STREET 17TH FLOOR MIAMI FL 33131</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MENA, JOSE L REV, DR		NAME		
STREET ADDRESS	571 S.W. 71ST COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALVAREZ, LUIS		NAME		
STREET ADDRESS	571 S.W. 71ST COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MENA, JUAN CARLOS		NAME		
STREET ADDRESS	571 S.W. 71ST COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 full other like empowered.					
SIGNATURE: 			04/20/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		