2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000001533

1. Entity Name
MINISTERIO DE RESTAURACION, INC.

Principal Place of Business	Mailing Address
10029 N ASTER AVE TAMPA, FL 33612	4919 BAYCREST DR. TAMPA, FL 33615

DO NOT WRITE IN THIS SPACE

04122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3488266
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, JOSE JR.
4920 BAYCREST DR.
TAMPA, FL 33615

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

000000114510
04/15/04-80053-007 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOMEZ, JOSE SR.
STREET ADDRESS	4919 BAYCREST DR.
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	SD
NAME	GOMEZ, CARMEN
STREET ADDRESS	4919 BAYCREST DR.
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	VPD
NAME	GOMEZ, JOSE JR.
STREET ADDRESS	4920 BAYCREST DR.
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	TD
NAME	ORTIZ, LESBIA
STREET ADDRESS	8265 GREENLEAF CIR
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: _____ 4/12/04 813-910-2691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #