

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001533

FILED  
Jul 26, 2006  
Secretary of State

Entity Name: MINISTERIO DE RESTAURACION, INC.

**Current Principal Place of Business:**

10029 N ASTER AVE  
TAMPA, FL 33612

**New Principal Place of Business:**

4725 LOIS AVE.  
SUITE #1-2  
TAMPA, FL 33614

**Current Mailing Address:**

4919 BAYCREST DR.  
TAMPA, FL 33615

**New Mailing Address:**

PO BOX 260847  
TAMPA, FL 33685

FEI Number: 59-3488266      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GOMEZ, JOSE SR.  
Address: 4919 BAYCREST DR.  
City-St-Zip: TAMPA, FL 33615

Title: SD ( ) Delete  
Name: GOMEZ, CARMEN  
Address: 4919 BAYCREST DR.  
City-St-Zip: TAMPA, FL 33615

Title: VPD ( ) Delete  
Name: GOMEZ, JOSE JR.  
Address: 4920 BAYCREST DR.  
City-St-Zip: TAMPA, FL 33615

Title: TD ( ) Delete  
Name: ORTIZ, LESBIA  
Address: 8265 GREENLEAF CIR  
City-St-Zip: TAMPA, FL 33615

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: GOMEZ, MAYRA  
Address: 4919 BAYCREST DR.  
City-St-Zip: TAMPA, FL 33615

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: CARRASCO, MARIO  
Address: 4919 BAYCREST DR  
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSE GOMEZ SR

PD

07/26/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date