

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001533

FILED
Jan 05, 2007
Secretary of State

Entity Name: MINISTERIO DE RESTAURACION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 260847
TAMPA, FL 33685

New Mailing Address:

FEI Number: 59-3488266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GOMEZ, JOSE SR.
4919 BAYCREST DR.
TAMPA, FL 33615 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: JOSE GOMEZ SR.

01/05/2007

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, MAYRA
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: CARRASCO, MARIO
Address: 4919 BAYCREST DR.
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: MARTINEZ, ROSEMARY
Address: 12330 PETERFIELD DR
City-St-Zip: RIVERVIEW, FL 33569

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

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

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

01/05/2007

Electronic Signature of Signing Officer or Director

Date