## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000001533

Address:

City-St-Zip:

Entity Name: MINISTERIO DE RESTAURACION, INC.

FILED Feb 28, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6702 W. LINEBAUGH AVE. TAMPA, FL 33625 **Current Mailing Address: New Mailing Address:** 4919 BAYCREST DR. TAMPA, FL 33615 FEI Number: 59-3488266 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOMEZ, JOSE SR 4919 BAYCREST DR. TAMPA, FL 33615 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GOMEZ, JOSE SR. Name: Name: 4919 BAYCREST DR. Address: Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip: Title: SD () Delete Title: SD (X) Change ( ) Addition Name: MARTINEZ, ROSEMARY Name: GOMEZ, ERIC Address: 12330 PETERFIELD DR Address: 3119 TRINITY COTTAGE City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: LAND O LAKES, FL 34638 Title: VPD () Delete Title: () Change () Addition GOMEZ, JOSE JR. Name: Name: Address: 4920 BAYCREST DR. Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip: Title: TD ( ) Delete Title: () Change () Addition CARRASCO, MARIO Name: Name: Address: 4919 BAYCREST DR Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip: Title: () Delete Title: DR ( ) Change (X) Addition LLENZA, HARRY Name: Name:

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.

Address:

City-St-Zip:

8516 SUNBEAM LANE

TAMPA, FL 33615

SIGNATURE: JOSE GOMEZ SR PD 02/28/2008