

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001533

FILED
Mar 23, 2009
Secretary of State

Entity Name: MINISTERIO DE RESTAURACION, INC.

Current Principal Place of Business:

6702 W. LINEBAUGH AVE.
TAMPA, FL 33625

New Principal Place of Business:

5712 W. WATERS AVE
11
TAMPA, FL 33624

Current Mailing Address:

4919 BAYCREST DR.
TAMPA, FL 33615

New Mailing Address:

FEI Number: 59-3488266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, JOSE SR.
4919 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, ERIC
Address: 3119 TRINITY COTTAGE
City-St-Zip: LAND O LAKES, FL 34638

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

Title: DR () Delete
Name: LLENZA, HARRY
Address: 8516 SUNBEAM LANE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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

03/23/2009

Electronic Signature of Signing Officer or Director

Date