## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000005313

Entity Name: GETSEMANI CORP.

FILED Apr 22, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18161 NW 82 AVE MIAMI, FL 33015

Current Mailing Address: New Mailing Address:

18161 NW 82 AVE MIAMI, FL 33015

FEI Number: 65-0865847 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:

HERNANDEZ, ALBA 8370 SW 27TH TERR. MIAMI, FL 33155 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:

Flateria Circular of Davidson I Associa

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 ( ) Delete
 Title:
 D\P
 (X) Change ( ) Addition

 Name:
 HERNANDEZ, ALBA
 Name:
 HERNANDEZ, ALBA

 Address:
 8370 SW 27TH TERR.
 Address:
 8370 SW 27TH TERR.

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:
 MIAMI, FL 33155

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 GOMARA, ARMANDO
 Name:

 Address:
 18161 NW 82 AVE.
 Address:

 City-St-Zip:
 MIAMI, FL 33015
 City-St-Zip:

 $\label{eq:time_def} \mbox{Title:} \qquad \mbox{D} \qquad \mbox{(X) Delete} \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$ 

 Name:
 GOMARA, AMALIA
 Name:

 Address:
 18161 NW 82 AVE
 Address:

 City-St-Zip:
 HIALEAH, FL 33015
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALBA HERNANDEZ D/P 04/22/2005