


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000000214 1. Entity Name SOCIEDAD GABRIELA MISTRAL INC.	
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Principal Place of Business 1645 WEST 31ST PLACE HIALEAH, FL 33012	Mailing Address 1645 WEST 31ST PLACE HIALEAH, FL 33012
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01252007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 65-1133958	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MEZA, ENRIQUE 6765 N.W. 169TH ST. UNIT 2B MIAMI, FL 33015

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000624098 02/14/07-80018-005 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REYES, EMILIANO 861 E 33 ST HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MALUJE, CECILLA 1773 W 59 ST HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIRANDA, HECTOR 1115 NE 2 CT HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MALUJE, RAUL 1773 W 59 ST HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  HECTOR V. MIRANDA	Date: PO. 1-27-07	Daytime Phone #: 254 4578625
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