

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90317 028 \*\*\*\*61.21  
07-11-2005 90124 040 \*\*\*\*61.25

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|--|--|---|--|--|--|
| <b>DOCUMENT # N99000002572</b>   |  |   |  |  |  |
| <b>1. Entity Name</b><br>FUNDACION DIVINA MISERICORDIA ARCA DE LOS<br>SIERVOS DE LA SANTA VOLUNTAD, INC.   |  |   |  |  |  |
| <b>Principal Place of Business</b><br>5784 S.W. 30TH ST., SUITE A<br>MIAMI, FL 33155   |  |   | <b>Mailing Address</b><br>5784 S.W. 30TH ST., SUITE A<br>MIAMI, FL 33155   |  |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b>   |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  | 07072005    Chg-NP    CR2E037 (10/03)  |  |
| City & State   |  | City & State  |  | <b>4. FEI Number</b><br>65-0960648   |  |
| Zip  |  | Country   |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b>   |  |   | <b>7. Name and Address of New Registered Agent</b>   |  |  |
| DIAZ-LEON, AMRCELA EDM<br>6353 S.W. 29TH ST<br>MIAMI, FL 33155   |  |   | Name <u>MARCELA DIAZ-LEON EDM</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>6353 SW 29th St</u><br>City <u>MIAMI</u> <b>FL</b> Zip Code <u>33155</u> |  |  |
| <b>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.</b>   |  |   |  |  |  |
| SIGNATURE <u><i>Marcela Diaz Leon</i></u> (MARCELA DIAZ LEON)    7-7-05<br><small>Signature, typed or printed name of registered agent and title (deleteable). (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 7, 2005</b>  |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to</b><br><b>Florida Department of State</b>                                     |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| <b>TITLE</b><br>C<br><b>NAME</b><br>CRUZ, LUIS MIGUEL SSV<br><b>STREET ADDRESS</b><br>5784 S.W. 30TH ST., SUITE A<br><b>CITY-ST-ZIP</b><br>MIAMI, FL 33155   | <input type="checkbox"/> Delete            |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br>V<br><b>NAME</b><br>GUTIERREZ, DAVID A SSV<br><b>STREET ADDRESS</b><br>5784 S.W. 30TH ST., SUITE A<br><b>CITY-ST-ZIP</b><br>MIAMI, FL 33155  | <input type="checkbox"/> Delete            |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br>T<br><b>NAME</b><br>FROMETA, CARMEN R EDM,SSV<br><b>STREET ADDRESS</b><br>6353 S.W. 29TH ST<br><b>CITY-ST-ZIP</b><br>MIAMI, FL 33155   | <input type="checkbox"/> Delete            |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br>P<br><b>NAME</b><br>DIAZ-LEON, MARCELA EDM,SSV<br><b>STREET ADDRESS</b><br>6353 S.W. 29TH ST<br><b>CITY-ST-ZIP</b><br>MIAMI, FL 33155  | <input type="checkbox"/> Delete            |   | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>LOPEZ, MILEDIS<br><b>STREET ADDRESS</b><br>2841 S.W. 64TH AVE<br><b>CITY-ST-ZIP</b><br>MIAMI, FL 33155   | <input checked="" type="checkbox"/> Delete |   | <b>TITLE</b><br>D<br><b>NAME</b><br>GALLAGHER GRISELDA N<br><b>STREET ADDRESS</b><br>6353 SW 29 ST<br><b>CITY-ST-ZIP</b><br>MIAMI FL 33155                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete            |   | <b>TITLE</b><br>S<br><b>NAME</b><br>MARCELA JUNE PIRCIONE<br><b>STREET ADDRESS</b><br>7840 SW 122 ST<br><b>CITY-ST-ZIP</b><br>MIAMI FL 33186                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b> |  |   |  |  |  |
| <b>SIGNATURE:</b> <u><i>Marcela Diaz Leon</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | 7-7-05    (305) 226-6653<br><small>Date    Daytime Phone #</small>   |  |  |