2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000002572

1. Entity Name
FUNDACION DIVINA MISERICORDIA ARCA DE LOS SIERVOS DE LA SANTA VOLUNTAD, INC.

Principal Place of Business	Mailing Address
5784 S.W. 30TH ST., SUITE A MIAMI, FL 33155	5784 S.W. 30TH ST., SUITE A MIAMI, FL 33155

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04072006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0960648

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ-LEON, AMRCELA EDM
6353 S.W. 29TH ST
MIAMI, FL 33155

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	CRUZ, LUIS MIGUEL SSV
STREET ADDRESS	5784 S.W. 30TH ST., SUITE A
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	V
NAME	GUTIERREZ, DAVID A SSV
STREET ADDRESS	5784 S.W. 30TH ST., SUITE A
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	T
NAME	FROMETA, CARMEN R EDM,SSV
STREET ADDRESS	6353 S.W. 29TH ST
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	P
NAME	DIAZ-LEON, MARCELA EDM,SSV
STREET ADDRESS	6353 S.W. 29TH ST
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	D
NAME	GALLAGHER, GRISELDA N
STREET ADDRESS	6353 SW 29 ST
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	S
NAME	PICCIONE, MARCELA J
STREET ADDRESS	7840 SW 122 ST
CITY-ST-ZIP	MIAMI, FL 33186

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05/13/06-80036-018 61.25

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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: Marcela Diaz Marcela Diaz 4/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #