


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90215 049 \*\*\*\*61.25

<b>DOCUMENT # N99000002572</b> 1. Entity Name <b>FUNDACION DIVINA MISERICORDIA ARCA DE LOS SIERVOS DE LA SANTA VOLUNTAD, INC.</b>					
Principal Place of Business <b>5784 S.W. 30TH ST., SUITE A MIAMI, FL 33155</b>			Mailing Address <b>5784 S.W. 30TH ST., SUITE A MIAMI, FL 33155</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>65-0960648</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DIAZ-LEON, AMRCELA EDM 6353 S.W. 29TH ST MIAMI, FL 33155</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>CRUZ, LUIS MIGUEL SSV</b> <b>5784 S.W. 30TH ST., SUITE A</b> <b>MIAMI, FL 33155</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GUTIERREZ, DAVID A SSV</b> <b>5784 S.W. 30TH ST., SUITE A</b> <b>MIAMI, FL 33155</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FROMETA, CARMEN R EDM.SSV</b> <b>6353 S.W. 29TH ST</b> <b>MIAMI, FL 33155</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DIAZ-LEON, MARCELA EDM.SSV</b> <b>6353 S.W. 29TH ST</b> <b>MIAMI, FL 33155</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GALLAGHER, GRISELDA N</b> <b>6353 SW 29 ST</b> <b>MIAMI, FL 33155</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PICCIONE, MARCELA J</b> <b>7840 SW 122 ST</b> <b>MIAMI, FL 33186</b>	<input checked="" type="checkbox"/> Delete			
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.					
<b>SIGNATURE: MARCELA DIAZ LEON</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <span><b>4/28/08</b></span> <span><b>305-335-3246</b></span> </div> <small>Date Daytime Phone #</small>					