

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT (05) 05-06

DOCUMENT # N99000006170					
1. Entity Name ASOCIACION DE CAPELLANES HISPANO AMERICANA INTERNACIONAL, INC.					
Principal Place of Business 5903 N 47TH STREET TAMPA, FL 33610			Mailing Address 5903 N 47TH STREET TAMPA, FL 33610		
2. Principal Place of Business 3601 W 12 AVE Suite, Apt. #, etc. Apt # 40		3. Mailing Address 192687 P.O. Box Suite, Apt. #, etc.			
City & State Hialeah, FL		City & State SAN JUAN		4. FEI Number 22-3585992	
Zip 33012	Country USA	Zip 00919-2687	Country Puerto Rico	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent RODRIGUEZ, ANGELO JR 5903 N 47TH STREET TAMPA, FL 33610			7. Name and Address of New Registered Agent Name: Acosta, Gerardo Street Address (P.O. Box Number is Not Acceptable) 3601 W 12 Ave. Apt. 40 City: Hialeah FL FL Zip Code: 33012		
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: <u>Gerardo Acosta</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			4-13-06 <small>DATE</small>		
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YAMBO, MANUEL CALLE CASTUERA #339 SAN JOSE, PR 00923 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600073873136 05/03/06--01005--016 **297.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ANGELO JR 5115 LINKWOOD AVE TAMPA, FL 33625 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gerardo Acosta 3601 W 12 Ave. Apt. 40 Hialeah, FL 33012 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROMERO, RAQUEL 9122 TUDOR CAY DR TAMPA, FL 33615 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600073873136 05/03/06--01005--017 **297.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAQUEL CARRILLO 348 N.W. 114TH AVE. DEP 104 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARILLO, RAQUEL 348 N.W. 114 TH AVE. DEP. 104 MIAMI, FL 33172 <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERARDO ACOSTA 3601 W 12 Ave. Apt. 40 HIALEHA, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D ACOSTA, GERARDO 3601 W. 12 AVE. APT. #40 HIALEHA, FL 33012 <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition		
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: <u>Manuel Yambo, Pres</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			March 9, 2006 787-751-1955 <small>Date Daytime Phone #</small>		

B. Mitchell APR 19 2006