


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90017 025 ***150.00

DOCUMENT # P02000045412	
1. Entity Name MISSION DIVINO NINO, INC.	

Principal Place of Business 13899 BISCAYNE BOULEVARD SUITE 108 NORTH MIAMI BEACH FL 33181-1600	Mailing Address 13899 BISCAYNE BOULEVARD SUITE 108 NORTH MIAMI BEACH FL 33181-1600
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2. Principal Place of Business 13899 Biscayne Boulevard Suite, Apt. #, etc. Suite 129 City & State North Miami Beach, FL Zip 33181-1637 Country USA	3. Mailing Address 13899 Biscayne Boulevard Suite, Apt. #, etc. Suite 129 City & State North Miami Beach, FL Zip 33181-1637 Country USA
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MOORE CR2E034 (11/03)

4. FEI Number 03-0436534		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 MENDOZA, FR. RAFAEL 13899 BISCAYNE BOULEVARD SUITE 108 NORTH MIAMI BEACH FL 33181-1600		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004: Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SERRANO, GERARDO 1566 NE 191 STREET APT. A422 NORTH MIAMI BEACH FL 33179-4197	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MENDOZA, FR. RAFAEL 1327 SW 4TH STREET #4 MIAMI FL 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIRALDO, MARIA E 8535 BYRON AVE. APT. #1 MIAMI BEACH FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: Gerardo Serrano - Gerardo Serrano, President 02/05/04 305 702 6310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #