


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2006 8:00 am**  
**Secretary of State**

07-05-2006 90002 028 \*\*\*150.00

<b>DOCUMENT # P05000147177</b> 1. Entity Name <b>HACIENDA PADRE PIO, INC.</b>					
Principal Place of Business <b>13790 S.W. 34TH ST. MIAMI, FL 33175</b>			Mailing Address <b>13790 S.W. 34TH ST. MIAMI, FL 33175</b>		
2. Principal Place of Business <b>16921 S.E. 19TH CT.</b>		3. Mailing Address <b>P.O. BOX 1897</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>SUMMERFIELD FL</b>		City & State <b>SUMMERFIELD FL</b>		4. FEI Number <b>20-3749405</b>	
Zip <b>34491</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PASSARIELLO, SOFIA C</b> <b>13790 S.W. 34TH ST.</b> <b>MIAMI, FL 33175</b>		7. Name and Address of New Registered Agent Name <b>PASSARIELLO, SOFIA C</b> Street Address (P.O. Box Number is Not Acceptable) <b>16921 S.E. 19TH CT.</b> City <b>SUMMERFIELD, FL</b> Zip Code <b>34491</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. SIGNATURE <u><i>Sofia C. Passariello</i></u> <span style="float: right;">6/30/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PASSARIELLO, SOFIA C 13790 S.W. 34TH ST. MIAMI, FL 33175	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PASSARIELLO SOFIA C. 16921 SE 19th Ct. Summerfield, Fl 34491	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PASSARIELLO, MARIA DE PILAR 13790 S.W. 34TH ST. MIAMI, FL 33175	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT PASSARIELLO MARIA 16921 SE 19th CT. Summerfield, Fl 34491	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PASSARIELLO, MARIA FABIOLA 13790 S.W. 34TH ST. MIAMI, FL 33175	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PASSARIELLO MARIA FABIOLA 16921 SE 19th CT Summerfield, Fl 34491	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PASSARIELLO, ANTONIO 16921 SE 19th CT Summerfield, Fl 34491	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <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"/> Change <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 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: <u><i>Sofia C. Passariello</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>6/30/06</u> Daytime Phone #		