

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000147177

1. Entity Name
HACIENDA PADRE PIO, INC.



Principal Place of Business
**16921 S.E. 19TH CT.
SUMMERFIELD, FL 34491**

Mailing Address
**P.O. BOX 1897
SUMMERFIELD, FL 34492**



05032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3749405

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PASSARIELLO, SOFIA C
16921 S.E. 19TH CT.
SUMMERFIELD, FL 34491**

**DO NOT WRITE
IN THIS SPACE**

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]
Signature, typed or printed name of registered agent and title if applicable

Sofia C. Passariello

President

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PASSARIELLO, SOFIA C
STREET ADDRESS	16921 SE 19TH CT.
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	VP
NAME	PASSARIELLO, MARIA
STREET ADDRESS	16921 SE 19TH CT.
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	S
NAME	PASSARIELLO, MARIA FABIOLA
STREET ADDRESS	16921 SE 19TH CT.
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	D
NAME	PASSARIELLO, ANTONIO
STREET ADDRESS	16921 SE 19TH CT
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sofia C. Passariello

Date

Daytime Phone #