

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2008 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



04132008

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-3749405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

U000000938213  
05/27/08-80079-020 158.75

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/08 (352)245-0611