

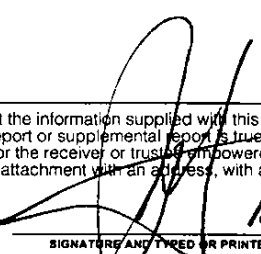


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90193 012 ****61.25

| | | | | | |
|--|---|---|---|--|--|
| DOCUMENT # N00000005620 1. Entity Name APOSTOLATE OF DIVINE MERCY, INC. | | | |  | |
| Principal Place of Business 500 NW 22 AVENUE MIAMI, FL 33125 | | | | Mailing Address 500 NW 22 AVENUE MIAMI, FL 33125 | |
| 2. Principal Place of Business 2300 SW 67 Ave. | | 3. Mailing Address P.O. Box 140399 | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01052006 Chg-NP CR2E037 (11/05) | |
| City & State MIAMI, FL | | City & State Coral Gables, FL | | 4. FEI Number 65-1045269 | |
| Zip 33155 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 33114-0399 | | Country USA | | 6. Name and Address of Current Registered Agent | |
| DE LOS REYES, RAFAEL 5750 SW 45 TERRACE MIAMI, FL 33155 | | | | 7. Name and Address of New Registered Agent | |
| DE LOS REYES, RAFAEL 5750 SW 45 TERRACE MIAMI, FL 33155 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> <div style="text-align: right;">Zip Code</div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 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 | SD DE LOS REYES, RAFAEL 5750 SW 45 TERRACE MIAMI, FL 33155 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GARCIA, EDUARDO 2740 SW 139 PLACE MIAMI, FL 33175 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | XD FUENTE, JOSE E 8950 SW 156 ST MIAMI, FL 33157 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DULCE DE LOS REYES 6750 SW 45 TERRACE MIAMI, FL 33155 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MERCY MARTINEZ 1225 SW 107 AVE. #309 MIAMI, FL 33174 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| 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:  RAFAEL DE LOS REYES 1/6/06 305-445-1896 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |