

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005620

FILED  
Jan 14, 2008  
Secretary of State

Entity Name: APOSTOLATE OF DIVINE MERCY, INC.

**Current Principal Place of Business:**

2300 SW 67 AVE  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

POB 140399  
CORAL GABLES, FL 331140399

**New Mailing Address:**

FEI Number: 65-1045269

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DE LOS REYES, RAFAEL A  
5750 SW 45 TERRACE  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: DE LOS REYES, RAFAEL A  
Address: 5750 SW 45 TERRACE  
City-St-Zip: MIAMI, FL 33155

Title: TD ( ) Delete  
Name: GARCIA, EDUARDO  
Address: 2740 SW 139 PLACE  
City-St-Zip: MIAMI, FL 33175

Title: PD ( ) Delete  
Name: FUENTE, JOSE E  
Address: 8950 SW 156 ST  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: DE LOS REYES, DULCE M  
Address: 5750 SW 45 TH TERR.  
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete  
Name: MARTINEZ, MERCY  
Address: 1275 SW 107 AVE #309  
City-St-Zip: MIAMI, FL 33174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL DE LOS REYES

S

01/14/2008

Electronic Signature of Signing Officer or Director

Date