

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002434

Entity Name: MINISTERIOS RESTAURACION MONTE DE LOS OLIVOS, INC.**Current Principal Place of Business:**1375 N CONGRESS AVE SUITE 203
PALMS SPRINGS, FL 33461**Current Mailing Address:**PO BOX 540984
GREENACRES, FL 33454 US**FEI Number: 65-1003347****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HERNANDEZ, HUGO ISMAEL
3224 E. NEW PROVIDENCE RD
LANTANA, FL 33462 US*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**Officer/Director Detail :**

Title	TD
Name	ESCOBAR, INGRID C
Address	2819 ALABAMA ST
City-State-Zip:	WEST PALM BEACH FL 33406-2824

Title	PD
Name	HERNANDEZ, HUGO I
Address	3224 E. NEW PROVIDENCE RD
City-State-Zip:	LANTANA FL 33462

Title	S
Name	HERRERA, OMER
Address	25 MARMAC DR
City-State-Zip:	LAKE WORTH FL 33461

Title	D
Name	TURCIO, DANIEL
Address	5607 HAVER FEDERAL WAY
City-State-Zip:	LAKE WORTH FL 33463

Title	D
Name	HERNANDEZ, NORMA
Address	3224 E. NEW PROVIDENCE RD
City-State-Zip:	LANTANA FL 33462

I hereby 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 all other like empowered.

SIGNATURE: HERNANDEZ , HUGO I**PD****04/03/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date