
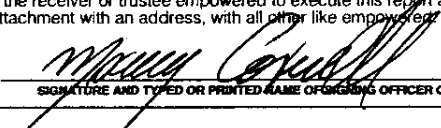


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90088 039 \*\*\*\*61.25

<b>DOCUMENT # N03000000841</b>					
1. Entity Name TABERNACULO DE RESTAURACION BETEL, INC.					
Principal Place of Business 1416 MANOTAK AVENUE JACKSONVILLE, FL 32210			Mailing Address 1416 MANOTAK AVENUE JACKSONVILLE, FL 32210		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RUSHING, ROBERT K 1515 RIVERSIDE AVENUE SUITE A JACKSONVILLE, FL 32204				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	D	<input type="checkbox"/> Delete	TITLE	GUSTAVO CASCANTE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COXWELL, MAGDA M		NAME	5328 JULINGTON FR. DR. S.	
STREET ADDRESS	1416 MANOTAK AVENUE		STREET ADDRESS	JACKSONVILLE, FLORIDA 32258	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	MARIA ELENA CASCANTE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIVERA, MYRIAM D		NAME	5328 JULINGTON FR. DR. S.	
STREET ADDRESS	1416 MANOTAK AVENUE		STREET ADDRESS	JACKSONVILLE, FLORIDA 32258	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONATO, FELIX		NAME		
STREET ADDRESS	2087 FOXWOOD COURT		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, RAQUEL		NAME		
STREET ADDRESS	2087 FOXWOOD COURT		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUSTAVO CASCANTE		NAME		
STREET ADDRESS	5328 JULINGTON FR. DR. S.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32258		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA ELENA CASCANTE		NAME		
STREET ADDRESS	5328 JULINGTON FR. DR. S.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32258		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employees.					
SIGNATURE: 				4-23-04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	