

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002338

**Entity Name:** CENTRO DE RESTAURACION LEVANTATE, INC.

**Current Principal Place of Business:**

7140 CONGRESS STREET  
NEW PORT RICHEY, FL 34653

**Current Mailing Address:**

6644 TIMBERCOVE LANE  
NEW PORT RICHEY, FL 34653 US

**FEI Number:** 41-2170061

**Certificate of Status Desired:** Yes

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

ROSARIO, EDGARDO LUIS  
6644 TIMBERCOVE LANE  
NEW PORT RICHEY, FL 34653 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 P  
Name ROSARIO, EDGARDO L  
Address 6644 TIMBERCOVE LANE  
City-State-Zip: NEW PORT RICHEY FL 34653

Title TRUSTEE  
Name QUINONES, EDUARDO  
Address 12025 HUDSON RIDGE DR. #104  
City-State-Zip: PORT RICHEY FL 34668

Title SECRETARY, TREASURER  
Name CHACON, RAY REV.  
Address 1140 SW MARIGOLD PL  
City-State-Zip: FORT WHITE FL 32038

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:** EDGARDO LUIS ROSARIO

**FOUNDER / PASTOR**

**04/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date