

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006198

**FILED  
Jul 10, 2017  
Secretary of State  
CC1321102801**

**Entity Name:** HOGAR DE REHABILITACION Y ALBERGUE " LEVANTADOS Y RESTAURADOS POR EL GRAN YO SOY" INC.

**Current Principal Place of Business:**

7750 PALM RIVER ROAD  
TAMPA, FL 33619

**Current Mailing Address:**

PO BOX 153105  
TAMPA, FL 33684 US

**FEI Number: 47-3057081**

**Certificate of Status Desired: Yes**

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

TORRES, INEABELLE  
7750 PALM RIVER ROAD  
TAMPA, FL 33619 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: INEABELLE TORRES**

**07/10/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	ST
Name	TORRES, INEABELLE	Name	CENTENO, ALEXANDRA
Address	PO BOX 153105	Address	PO BOX 153105
City-State-Zip:	TAMPA FL 33684	City-State-Zip:	TAMPA FL 33684
Title	VOCAL	Title	SENIOR AD
Name	DIAZ, IVONNE	Name	ZAMOT, LUIS
Address	7012 OYSTER BAY DRIVE	Address	1812 HARTEL AVE
City-State-Zip:	TAMPA FL 33619	City-State-Zip:	PHILADELPHIA PA 19111

*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: INEABELLE TORRES**

**PRESIDENT**

**07/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date