

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000006198

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

FILED
Mar 24, 2015
Secretary of State
CC8468026489

Current Principal Place of Business:

8010 TOMMY COURT
TAMPA, FL 33619

Current Mailing Address:

PO BOX 153105
TAMPA, FL 33684

FEI Number: 47-3057081

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TORRES, INEABELLE
8010 TOMMY COURT
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title	P	Title	ST
Name	TORRES, INEABELLE	Name	CENTENO, ALEXANDRA
Address	8010 TOMMY COURT	Address	8010 TOMMY COURT
City-State-Zip:	TAMPA FL 33619	City-State-Zip:	TAMPA FL 33619
Title	AD		
Name	ZAMOT, LUIS		
Address	220 E. MERMAID LANE		
City-State-Zip:	PHILADELPHIA PA 19118		

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

03/24/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date