


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 26, 2007 08:00 AM
Secretary of State

DOCUMENT # K88070 1. Entity Name JESUS OF NAZARETH HOME, INC.	
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Principal Place of Business % CARMEN SANTANA 2803 SW 37 CT MIAMI, FL 33134 US	Mailing Address % CARMEN SANTANA 2803 SW 37 CT MIAMI, FL 33134 US
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05292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0208310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HIDALGO, MELISSA 2803 SW 37 CT MIAMI, FL 33134
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTANA, MARY CARMEN 2803 SW 37 CT MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILDAGO, MELISSA 2803 SW 37 CT MIAMI, FL 33134
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06/26/07-80001-020 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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 empowered.

SIGNATURE:  **6-12-07 305-441-6369**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #