

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000006692

1. Entity Name
HOGAR CREA INTERNATIONAL OF FLORIDA, INC.



Principal Place of Business
**3030 EUNICE AVE.
ORLANDO, FL 32818**

Mailing Address
**3030 EUNICE AVE.
ORLANDO, FL 32818**



06282005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3673027

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, MIGUEL
3030 EUNICE AVE.
ORLANDO, FL 32808-3106**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COLON, ARMANDO
STREET ADDRESS	3012 M.I.T. STREET
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	TD
NAME	COLON, DELLY
STREET ADDRESS	3012 M.I.T. STREET
CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	VPD
NAME	ORTIZ, CARLOS
STREET ADDRESS	1364 AUGUSTA NATIONAL BLVD.
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	SD
NAME	GONZALEZ, DALLY
STREET ADDRESS	524 SUSANNAH LEIGH LANE, APT 303
CITY-ST-ZIP	ORLANDO, FL 328083106
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/07/05-80016-009 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-05

Date

(407) 240-6464

Daytime Phone #