

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 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



04112006 No Chg-NP CR2E037 (11/05)

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

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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 May 1, 2006**

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	PD COLON, ARMANDO 3012 M.I.T. STREET ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLON, DELLY 3012 M.I.T. STREET ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ORTIZ, CARLOS 1364 AUGUSTA NATIONAL BLVD. WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, DALLY 624 SUSANNAH LEIGH LANE, APT 303 ORLANDO, FL 328083106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000515777
04/29/06-80220-019 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 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 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

Date

Daytime Phone #

Miguel Gonzalez 4-12-06 (407) 240-6888