## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000006692

FILED Jan 08, 2009 Secretary of State

Entity Name: HOGAR CREA INTERNATIONAL OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

3030 EUNICE AVE. ORLANDO, FL 32808

Current Mailing Address: New Mailing Address:

3030 EUNICE AVE. ORLANDO, FL 32808

FEI Number: 59-3673027 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

RUIZ, CARMELO
3030 EUNICE AVE
ORLANDO, FL 32808 US
ORLANDO, FL 32808 US
ORLANDO, FL 32808 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: GERRY ORR 01/08/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: ORTIZ, CARLOS Name: ORTIZ, CARLOS

 Name:
 ORTIZ, CARLOS
 Name:
 ORTIZ, CARLOS

 Address:
 3213 KNOTTY PINE AVE
 Address:
 3143 BLACK PINE AVE

 City-St-Zip:
 WINTER PARK, FL 32792
 City-St-Zip:
 WINTER PARK, FL 32792

Title: VPD ( ) Delete Title: ( ) Change ( ) Addition Name: CUEVAS, JULIO Name:

 Name:
 CUEVAS, JULIO
 Name:

 Address:
 12641 DARBY AVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32837
 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition Name: URBAN, FRANK Name: MOTTA, RAMON

Address: 20013 CYPRESS MEADONS LANE Address: 300 HOPE CIRCLE City-St-Zip: ORLANDO, FL 32825 City-St-Zip: ORLANDO, FL 32811

Title: SD () Delete Title: () Change () Addition

 Name:
 BENIGUEZ, GLADYS
 Name:

 Address:
 3143 BLACK PINE AVE
 Address:

 City-St-Zip:
 WINTER PARK, FL 32792
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARLOS ORTIZ PD 01/08/2009