2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008
Secretary of State

DOCUMENT# N00000007720

Entity Name: EL HOSPITAL DEL ALMA LUTHERAN CHURCH OF HOMESTEAD, FLORIDA INC.

Current Principal Place of Business:

29501 SW 152 AVE
LEISURE CITY, FL 33033

New Principal Place of Business:

Current Mailing Address:

29501 SW 152 AVE
LEISURE CITY, FL 33033

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PEREZ-LOPEZ, BENITO REV.
10301 SW 45 ST
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: ESCALANTE, FERNANDO
Address: 28655 S.W. 153RD RD. #105
City-St-Zip: LEISURE CITY, FL 33033

Title: S ( ) Delete
Name: ALICEA, TEOFILO
Address: 28501 S.W. 152 AVE. #120
City-St-Zip: LEISURE CITY, FL 33033

Title: DP ( ) Delete
Name: LOPEZ, ISIDRO
Address: 9304 SW 166 CT.
City-St-Zip: MIAMI, FL 33196

Title: T ( ) Delete
Name: ALMOGUEA, SANDRA
Address: 14211 SW 286 ST.
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: B ENITO PEREZ REV 05/14/2008

Electronic Signature of Signing Officer or Director — Date