

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90063 014 ****70.00

DOCUMENT # N01000002631

1. Entity Name
HOGAR RESTAURACION, INC.



Principal Place of Business
**109 APRIL LANE
 TAMPA, FL 33613**

Mailing Address
**109 APRIL LANE
 TAMPA, FL 33613**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

04152008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3757904

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PETERS, ALFRED
 109 APRIL LANE
 TAMPA, FL 33613**

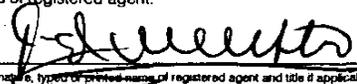
7. Name and Address of New Registered Agent

Name **DIAZ, J - EDGAR**

Street Address (P.O. Box Number is Not Acceptable)
**4417 W. KNOLLWOOD ST
 TAMPA**

City **TAMPA** FL Zip Code **33613**

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, 2008**

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

Make check payable to Florida Department of State

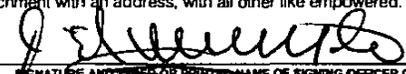
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	DIAZ, J. EDGAR	4417 W. KNOLLWOOD STREET	TAMPA, FL 33614	<input type="checkbox"/>
D	CORTES, NANCY A	184 VISTA VIEW	EAGLE LAKE, FL 33839	<input type="checkbox"/>
TD	RIVERA, JOSE A	5410 MOUNTAIN FARM DRIVE	TAMPA, FL 33624	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

