


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000003901
 1. Entity Name
HOGAR RENACER INC.



Principal Place of Business Mailing Address
 1621 NE M PLACE PO BOX 540993
 MIAMI, FL 33132 OPALOCKA, FL 33054

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03152004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 04-3660474 Not Applicable

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

6. Name and Address of Current Registered Agent
 ROSARIO, BOBBY
 19815 NW 34 AVE
 MIAMI, FL 33056

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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: *Bobby Rosario* DATE: 3/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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

000000032886
 03/19/04-80026-025 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROSARIO, BOBBY 19815 NW 34 AVE MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VELEZ, ELOISA 6707 BROOKLINE RD MIAMI LAKES, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SANTIESTEBAN, OBED 1675 W 59 ST HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Bobby Rosario* PD. DATE: 3/15/04 DAYTIME PHONE #: (305) 687-8131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #