2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003901

Entity Name: HOGAR RENACER INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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 1621 NE M PLACE
 4450 NW 135TH STREET

 MIAMI, FL 33132
 OPA-LOCKA, FL 33054

Current Mailing Address: New Mailing Address:

PO BOX 540993 OPALOCKA, FL 33054

FEI Number: 04-3660474 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:

ROSARIO, BOBBY PD 19815 NW 34 AVE 19815 NW 34 AVE MIAMI, FL 33056 US ROSARIO, BOBBY PD 19815 NW 34 AVE MIAMI, FL 33056 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: BOBBY ROSARIO 04/29/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition Name: ROSARIO, BOBBY Name:

 Name:
 ROSARIO, BOBBY
 Name:

 Address:
 19815 NW 34 AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33056
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition Name: VELEZ, ELOISA Name: CRUZ-SANCHEZ, ELOISA Address: 6707 BROOKLINE RD Address: 6707 BROOKLINE RD

Address: 6707 BROOKLINE RD Address: 6707 BROOKLINE RD
City-St-Zip: MIAMI LAKES, FL 33015 City-St-Zip: MIAMI LAKES, FL 33015

Title: TD () Delete Title: () Change () Addition Name: SANTIESTEBAN. OBED Name:

 Name:
 SANTIESTEBAN, OBED
 Name:

 Address:
 1675 W 59 ST
 Address:

 City-St-Zip:
 HIALEAH, FL 33012
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELIOSA CRUZ-SANCHEZ SD 04/29/2005