

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 11, 2007  
Secretary of State**

DOCUMENT# N01000003901

Entity Name: HOGAR RENACER INC.

**Current Principal Place of Business:**

4450 NW 135TH STREET  
OPA-LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 540993  
OPALOCKA, FL 33054

**New Mailing Address:**

FEI Number: 04-3660474      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

ROSARIO, BOBBY PD  
19815 NW 34 AVE  
MIAMI, FL 33056      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: PD ( ) Delete  
Name: ROSARIO, BOBBY  
Address: 19815 NW 34 AVE  
City-St-Zip: MIAMI, FL 33056

Title: SD ( ) Delete  
Name: CRUZ-SANCHEZ, ELOISA  
Address: 310 PALO VERDE DRIVE  
City-St-Zip: LEESBERG, FL 34748

Title: TD ( ) Delete  
Name: SANTIESTEBAN, OBED  
Address: 1675 W 59 ST  
City-St-Zip: HIALEAH, FL 33012

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BOBBY ROSARIO

PD

04/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date