

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002374

FILED  
Apr 04, 2007  
Secretary of State

Entity Name: RAYO DE ESPERANZA, INC.

**Current Principal Place of Business:**

6213 16TH ST. SOUTH  
ST. PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

6213 16TH ST. SOUTH  
ST. PETERSBURG, FL 33705

**New Mailing Address:**

FEI Number: 95-4896256

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DODGE, DAVID  
6213 16TH ST. SOUTH  
ST. PETERSBURG, FL 33705 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: RHEA, MICHAEL W  
Address: P.O. BOX 18F  
City-St-Zip: GUATEMALA CITY, GUATEMALA,

Title: VD ( ) Delete  
Name: DODGE, DAVID  
Address: 6213 16TH ST. SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: STD ( ) Delete  
Name: SEDDIO, MARGRET  
Address: 6069 18TH ST. S.  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: VD ( ) Delete  
Name: LAIRD, VIVIAN  
Address: 9990 36TH N.  
City-St-Zip: SAINT PETERSBURG, FL 33708

**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 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: MARGRET SEDDIO

STD

04/04/2007

Electronic Signature of Signing Officer or Director

Date