

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000002374

1. Entity Name
RAYO DE ESPERANZA, INC.



Principal Place of Business
6213 16TH ST. SOUTH
ST. PETERSBURG, FL 33705

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

FILED
Jul 16, 2008 08:00 AM
Secretary of State



07142008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
95-4896256

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RHEA, MICHAEL W
STREET ADDRESS P.O. BOX 18F
CITY-ST-ZIP GUATEMALA CITY, GUATEMALA,

TITLE VD
NAME DODGE, DAVID
STREET ADDRESS 6213 16TH ST. SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 33705

TITLE STD
NAME SEDDIO, MARGRET
STREET ADDRESS 6069 18TH ST. S.
CITY-ST-ZIP ST. PETERSBURG, FL 33705

TITLE VD
NAME LAIRD, VIVIAN
STREET ADDRESS 9990 36TH N.
CITY-ST-ZIP SAINT PETERSBURG, FL 33708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

U00000955090
07/16/08-80002-015 61.25

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

7/14/08 (727) 865-0196

Date

Daytime Phone #