## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000004891

City-St-Zip:

FILED Jul 13, 2006 Secretary of State

Entity Name: FUNDACION SALVADORENA HERMANO, BIENVENIDO A CASA, INC

**Current Principal Place of Business: New Principal Place of Business:** 24000 TENNESSEE ROAD HOMESTEAD, FL 33031 **Current Mailing Address: New Mailing Address:** 24000 TENNESSEE ROAD HOMESTEAD, FL 33031 FFI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SILVER, SCOTT J SILVER, ROSE M 24000 TENNESSEE ROAD 24000 TENNESSEE ROAD HOMESTEAD,, FL 33031 US HOMESTEAD,, FL 33031 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: ROSE M. SILVER 07/13/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition SILVER, EVA M SILVER, EVA M Name: Name: 24000 TENNESSEE ROAD Address: 24000 TENNESSEE ROAD Address: City-St-Zip: HOMESTEAD, FL 33031 City-St-Zip: HOMESTEAD, FL 33031 US Title: VTD () Delete Title: (X) Change ( ) Addition SILVER, SCOTT J Name: BONILLA, SONIA Name: Address: 24000 TENNESSEE ROAD Address: 19631 SW 136 AVE City-St-Zip: HOMESTEAD, FL 33031 City-St-Zip: MIAMI, FL 33177 US Title: () Delete Title: ( ) Change (X) Addition ALVAREZ, JOSEFA Name: Name: Address: Address: 20709 SW 120 PL City-St-Zip: City-St-Zip: MIAMI, FL 33177 US ( ) Change (X) Addition Title: () Delete Title: AS Name: Name: LOPEZ, MYRNA Address: Address: 15301 LINCOLN DRIVE City-St-Zip: City-St-Zip: LEISURE CITY, FL 33033 US Title: () Delete Title: ( ) Change (X) Addition SILVER, SCOTT J Name: Name: 24000 TENNESSEE ROAD Address: Address:

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.

City-St-Zip:

HOMESTEAD, FL 33031 US

SIGNATURE: EVA SILVER PD 07/13/2006