


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91241 047 ****61.25

DOCUMENT # N03000008600					
1. Entity Name CASA HOGAR REFUGIO ETERNO, INC.					
Principal Place of Business 911 SPRINGDALE CIRCLE PALM SPRINGS, FL 33461			Mailing Address 911 SPRINGDALE CIRCLE PALM SPRINGS, FL 33461		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0369941	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARTINEZ, CHARLES M 1091 EAST SHORE DRIVE WEST PALM BEACH, FL 33406			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FONTANEZ, VALENTIN <input type="checkbox"/> Delete 911 SPRINGDALE CIRCLE PALM SPRINGS, FL 33461				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORDERO, EDWIN DR. <input type="checkbox"/> Delete 812 W LANTANA ROAD LANTANA, FL 33462				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTINEZ, CHARLES M <input type="checkbox"/> Delete 1091 EAST SHORE DRIVE WEST PALM BEACH, FL 33406				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MELENDEZ, MARY <input type="checkbox"/> Delete 7540 US HIGHWAY 1 #103 LANTANA, FL 33462				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ASSISTANT SECRETARY MONSEY ROSARIO 2717 FLOREDA BLVD.-#525 DELRAY BEACH, FL 33483				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify 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 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					
Date Daytime Phone #					