
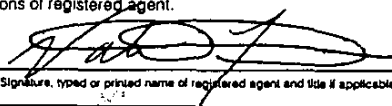
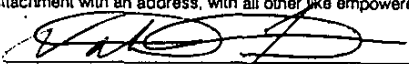


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90090 046 ****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		
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 VALENTIN FONTANEZ Street Address (P.O. Box Number is Not Acceptable) 911 SPRINGSDALE CIRCLE City PALM SPRINGS FL Zip Code 33461	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4-27-05	
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD FONTANEZ, VALENTIN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	911 SPRINGDALE CIRCLE		NAME		
STREET ADDRESS	PALM SPRINGS, FL 33461		STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	VD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CORDERO, EDWIN DR.		NAME	VD MONSEY ROSARIO	
STREET ADDRESS	812 W LANTANA ROAD		STREET ADDRESS	2717 FLORIDA BLVD. # 525	
CITY - ST - ZIP	LANTANA, FL 33462		CITY - ST - ZIP	DELRAY BEACH, FL. 33483	
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARTINEZ, CHARLES M		NAME	SD RAFAEL GONZALEZ	
STREET ADDRESS	1091 EAST SHORE DRIVE		STREET ADDRESS	1104 MANGO DRIVE	
CITY - ST - ZIP	WEST PALM BEACH, FL 33406		CITY - ST - ZIP	WEST PALM BEACH, FL. 33415	
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MELENDEZ, MARY		NAME		
STREET ADDRESS	7540 US HIGHWAY 1 #103		STREET ADDRESS		
CITY - ST - ZIP	LANTANA, FL 33462		CITY - ST - ZIP		
TITLE	AS <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSARIO, MONSEY		NAME		
STREET ADDRESS	2717 FLORIDA BLVD #525		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BEACH, FL 33483		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4-27-05	
				Daytime Phone #	