

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008600

FILED
Apr 27, 2008
Secretary of State

Entity Name: CASA HOGAR REFUGIO ETERNO, INC.

Current Principal Place of Business:

6513 SPRING MEADOW DRIVE
GREENACRES, FL 33413

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22602
WEST PALM BEACH, FL 334162602

New Mailing Address:

FEI Number: 20-0369941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONTANEZ, VALENTIN
6513 SPRING MEADOW DRIVE
GREENACRES, FL 33413 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: FONTANEZ, VALENTIN
Address: 6513 SPRING MEADOW DRIVE
City-St-Zip: GREENACRES, FL 33413

Title: VD () Delete
Name: ROSARIO, MONSEY
Address: 2717 FLORIDA BLVD, #525
City-St-Zip: DELRAY BEACH, FL 33483

Title: SD () Delete
Name: GONZALEZ, RAFAEL
Address: 911 SPRINGDALE CIRCLE
City-St-Zip: PALM SPRINGS, FL 33461

Title: TD () Delete
Name: MELENDEZ, MARY
Address: 7540 US HIGHWAY 1 #103
City-St-Zip: LANTANA, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: GONZALEZ, RAFAEL
Address: 3256 2ND AVE. NORTH
City-St-Zip: PALM SPRINGS, FL 33461

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MONSEY ROSARIO

VD

04/27/2008

Electronic Signature of Signing Officer or Director

Date