

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 19, 2004 08:00 AM
Secretary of State**DOCUMENT# N11300**1. Entity Name
RADIO LA HORA DE DIOS, INC.Principal Place of Business
**3209-A N. ARMENIA AVENUE
TAMPA, FL 33607**Mailing Address
**3209-A N. ARMENIA AVENUE
TAMPA, FL 33607**

012/2004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2966303Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JOHN
3209 N. ARMENIA AVENUE
TAMPA, FL 33607****DO NOT WRITE
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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
AMARO, JOSE A.
3212 W. ABDELLA STREET
TAMPA, FL**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DIAZ, ISMAEL
6421 SOLANO CT., #123
TAMPA, FL**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RODRIGUEZ, JOHN
3209 N. ARMENIA AVENUE
TAMPA, FL**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPU000000121036
04/20/04-80034-001 61.25**DO NOT WRITE
IN THIS SPACE**

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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

JOHNNY RODRIGUEZ**4/16/04**