


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 14, 2005 08:00 AM  
Secretary of State

DOCUMENT # N11300 1. Entity Name RADIO LA HORA DE DIOS, INC.	
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Principal Place of Business 3209-A N. ARMENIA AVENUE TAMPA, FL 33607	Mailing Address 3209-A N. ARMENIA AVENUE TAMPA, FL 33607
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**DO NOT WRITE IN THIS SPACE**



01252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2965303	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees.

U00000263160

03/14/05-80084-014 61.25

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-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(f), 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

3/10/05

Date

Daytime Phone #