


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N18033

1. Entity Name
HOGAR PRESBITERIANO SALVADOS PARA SERVIR, INC.



Principal Place of Business 2480 N.W. 7TH STREET MIAMI, FL 33125	Mailing Address 2480 N.W. 7TH STREET MIAMI, FL 33125
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07142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2839701	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, RODOLFO
 3810 ALHAMBRA CIRCLE
 CORAL GABLES, FL 33134

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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 September 8, 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	PD MARTINEZ, ALEIDA 1357 W. 83RD STREET HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY ST ZIP	SD PADILLA, ENEIDA 421 WREN AVE. MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY ST ZIP	DT CRUZ, ISABEL 2852 SW 1 STREET MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY ST ZIP	D SUAREZ, RODOLFO 3810 ALHAMBRA CIRCLE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY ST ZIP	D TEJERA, ANGEL 6805 SW 139 PLACE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY ST ZIP	D SOSA, MARIA 9650 FOUNTAIN BLEAU BLVD. MIAMI, FL 33126

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 07/26/04-80001-005 61.25

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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: Aleida Martinez Aleida Martinez 7-19-04 305-642-4755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #