

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
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



02292008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2839701

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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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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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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04/03/08-80005-003 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

3-3-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #