


**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.	
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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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DO NOT WRITE IN THIS SPACE



02292008 No Chg-NP CR2E037 (4/06)

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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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 _____ (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 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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04/03/08-80005-003 70.00

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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 #