## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N18033

FILED Feb 18, 2009 Secretary of State

Entity Name: HOGAR PRESBITERIANO SALVADOS PARA SERVIR, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2480 N.W. 7TH STREET MIAMI, FL 33125 **Current Mailing Address: New Mailing Address:** 2480 N.W. 7TH STREET MIAMI, FL 33125 FEI Number: 59-2839701 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SUAREZ, RODOLFO 3810 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MARTINEZ, ALEIDA, Name: Name: 1357 W. 83RD STREET Address: Address: City-St-Zip: HIALEAH, FL 33014 City-St-Zip: Title: SD () Delete Title: SD (X) Change ( ) Addition PADILLA, ENEIDA Name: Name: PADILLA, ELPIDIO Address: 421 WREN AVE. Address: 421 WREN AVE. City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI SPRINGS, FL 33166 Title: () Delete Title: () Change () Addition CRUZ, ISABEL, Name: Name: Address: 2852 SW 1 STREET Address: City-St-Zip: MIAMI, FL 33135 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: SUAREZ, RODOLFO Name: SUAREZ, RODOLFO Address: 3810 ALHAMBRA CIRCLE Address: 3810 ALHAMBRA CIRCLE City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134 Title: () Delete Title: (X) Change ( ) Addition TEJERA, ANGEL TEJERA, ANGEL Name: Name: 6805 SW 139 PLACE 16041 NW 83 PLACE Address: Address: City-St-Zip: MIAMI, FL 33183 City-St-Zip: MIAMI LAKES, FL 33014 Title: () Delete Title: () Change () Addition SOSA, MARIA Name: Name: Address: 9650 FOUNTAIN BLEAU BLVD. Address: MIAMI, FL 33126 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEIDA MARTINEZ PD 02/18/2009