

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2006 8:00 am
Secretary of State

06-22-2006 90002 012 ****61.25

DOCUMENT # N40580 1. Entity Name HOGAR CANARIO INC.					
Principal Place of Business 10772 SW 24TH ST MIAMI, FL 33165-2493			Mailing Address 10772 SW 24TH ST MIAMI, FL 33165-2493		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0228143	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEMUS, ISABEL 12481 SW 23 TERRACE MIAMI, FL 33175					
7. Name and Address of New Registered Agent Name: MANUEL A. RODRIGUEZ Street Address (P.O. Box Number is Not Acceptable): 4981 SW 165th Avenue City: MIRAMAR FL Zip Code: 33023					
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: <i>[Signature]</i> DATE: 6/08/06					
Filing Fee is \$61.25 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEMUS, ISABEL 12481 SW 23 TERRACE MIAMI, FL 33175	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANUEL A. RODRIGUEZ 4981 SW 165th Avenue MIRAMAR FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOPEZ, CORALIA 11769 SW 18 LANE MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Reidelisja Zorrilla 8818 Emerson Avenue Surfside FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUIZ, NESTOR 9260 SW 21 ST MIAMI, FL 33165	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Teresa M. Arias 4280 SW 127th Court Miami FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUILLÉN, HARDEE I 11715 SW 18 ST #508 MIAMI, FL 33175	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Antonio Brito 1914 SW 94th Court Miami FL 33165	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> MANUEL A. RODRIGUEZ President 6/08/06 9543225774					