

DOCUMENT # N47523

1. Entity Name

HOSANNA ASSEMBLY, INC.

Principal Place of Business

Mailing Address

9100 EL PORTAL
TAMPA FL 336069100 EL PORTAL
TAMPA FL 33604-1258

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES, RAFAEL
1008 BLANN ST
TAMPA FL 33603

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

 9. Election Campaign Financing
 Trust Fund Contribution. ☐
\$5.00 May Be
Added to Fees
Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 PTD
VALDES, RAFAEL ☐ Delete
1008 BLANN ST
TAMPA FL 33603

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 STD
VALDES, DIANEYA ☐ Delete
6110 N. ARMINIA AVENUE
TAMPA FL 33604-5758

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 Co. President
Jose H Garcia ☐ Delete
2811 Borlto Ct. Tampa, FL 33610

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ Delete

 TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Signature and typed or printed name of signing officer or director

3-2/2000

Date

238-00.11

Daytime Phone #

CR2E037 (9/99)