

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-02-2004 90023 021 ***150.00

DOCUMENT # P97000045264

1. Entity Name
HOGAR CRISTIANO MIS ABUELITOS, INC



Principal Place of Business

**5101 SW 112 PLACE
MIAMI, FL 33165**

Mailing Address

**5101 SW 112 PLACE
MIAMI, FL 33165**

66414000



03302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0775828

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARTINEZ, RICARDO A
15336 S.W. 72ND ST. #11
MIAMI, FL 33193**

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

4/12/04

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARTINEZ, RICARDO A
STREET ADDRESS 15336 S.W. 72ND STREET #1
CITY-ST-ZIP MIAMI, FL 33193

TITLE VD
NAME ALVAREZ, YANET
STREET ADDRESS 15336 S.W. 72ND STREET #1
CITY-ST-ZIP MIAMI, FL 33193

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, 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

DATE

Daytime Phone #

4/12/04