



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 8:00 am
Secretary of State

07-05-2007 90060 040 ***150.00

DOCUMENT # P98000077057 1. Entity Name HOGAR CRISTIANO LARGA VIDA, INC.																													
Principal Place of Business 8601 S.W. 36TH ST MIAMI, FL 33155 US			Mailing Address 8601 S.W. 36TH ST MIAMI, FL 33155 US																										
2. Principal Place of Business - No P.O. Box # 1770 79 Street Cswy Suite, Apt. #, etc. Apt D-301 City & State North Bay Village, FL Zip 33141		3. Mailing Address 1770 79 St Cswy Suite, Apt. #, etc. Apt D-301 City & State North Bay Village Zip 33141		40122911 																									
City North Bay Village, FL Zip 33141		City North Bay Village Zip 33141		07022007 Chg-P CR2E034 (12/06) 4. FEI Number 65-0861587 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 PEREZ, MARGARITA M 1770-79TH ST. CSWY. APT. D-301 NORTH BAY VILLAGE, FL 33141																									
7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Margarita M. Perez</u> DATE: <u>07/02/07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">PD</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PEREZ, MARGARITA M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1770-79TH ST. CSWY, APT. D-301</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NORTH BAY VILLAGE, FL 33141</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	PEREZ, MARGARITA M		STREET ADDRESS	1770-79TH ST. CSWY, APT. D-301		CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 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: <u>Margarita M. Perez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			07/02/07 305-223-6420 <small>Date Daytime Phone #</small>																										