


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000005957	
1. Entity Name GREATER MIAMI MINISTERS ASSOCIATION, INC.	

Principal Place of Business 6280 W 21 CT HIALEAH, FL 33016	Mailing Address 6280 W 21 CT HIALEAH, FL 33016
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DO NOT WRITE IN THIS SPACE



04092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0442756	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAGO, PABLO
6280 W 21 CT
HIALEAH, FL 33016

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAGO, PABLO 6280 W 21 CT HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELAGUARDIA, ANTONIO 7330 NW 8 ST MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOODBURY, NICK 52165 NW 36 ST. MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALFARO, CARLOS 12415 SW 136 AVE #1 MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/07-80012-022 70.00

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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 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: Carlos Alfaro **Carlos Alfaro** 4/10/07 (305) 773-3950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #