


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90042 004 \*\*\*\*61.25

**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**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01302008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0442756** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LAGO, PABLO  
 6280 W 21 CT  
 HIALEAH, FL 33016**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2008**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAGO, PABLO			NAME	ALFARO, CARLOS		
STREET ADDRESS	6280 W 21 CT			STREET ADDRESS	10680 SW 113 PLACE		
CITY - ST - ZIP	HIALEAH, FL 33016			CITY - ST - ZIP	MIAMI - FL 33176		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	VICE PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DELAGUARDIA, ANTONIO			NAME	ACOSTA, BORIS		
STREET ADDRESS	7330 NW 8 ST			STREET ADDRESS	6755 NW 169 ST.		
CITY - ST - ZIP	MIAMI, FL 33126			CITY - ST - ZIP	MIAMI, FL 33015		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	TREASURER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOODBURRY, NICK			NAME	WOODBURY, NICHOLAS		
STREET ADDRESS	52165 NW 36 ST.			STREET ADDRESS	10005 SW 213 TERRACE		
CITY - ST - ZIP	MIAMI, FL 33166			CITY - ST - ZIP	MIAMI, FL 33189		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALFARO, CARLOS			NAME	MOREBN, ANER		
STREET ADDRESS	12415 SW 136 AVE #1			STREET ADDRESS	3270 W. 78 ST.		
CITY - ST - ZIP	MIAMI, FL 33196			CITY - ST - ZIP	HIALEAH - FL 33018		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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:** PABLO LAGO **02/20/08** **305-773-3950**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #