

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005911

FILED  
Feb 15, 2005  
Secretary of State

**Entity Name:** CENTRO EVANGELICO DE MISIOLOGIA ANDINO AMAZONICA - CEMAA, INC.

**Current Principal Place of Business:**

JIRON LAS MONJAS 140  
URBANIZACION SANTA FELICIA  
LIMA 12,, LI PERU

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 527900  
C/O LATIN AMERICAN MISSION  
MIAMI, FL 331527900

**New Mailing Address:**

**FEI Number:** 33-1033202      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZIRENA, R. GLADYS  
5465 NW 36TH STREET  
MIAMI, FL 33166 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: DARIO ANDRES LOPEZ R, ODRIGUEZ  
Address: JIRON LAS MONJAS 140  
City-St-Zip: LIMA 12 PERU,

Title: VC ( ) Delete  
Name: FRANCES JOY SADLER D, E PAREDES  
Address: JIRON LAS MONJAS 140  
City-St-Zip: LIMA 12 PERU,

Title: DP ( ) Delete  
Name: PAREDES ALFARO, RUBEN ELIAS  
Address: JIRON LAS MONJAS 140  
City-St-Zip: LIMA 12 PERU,

Title: DT ( ) Delete  
Name: EUNICE ANGELICA ROJA, S BARRIENTOS  
Address: JIRON LAS MONJAS 140  
City-St-Zip: LIMA 12 PERU,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAREDES ALFARO, RUBEN ELIAS

DP

02/15/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date