

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2006 8:00 am  
Secretary of State

04-27-2006 90211 011 \*\*\*\*61.25

<b>DOCUMENT # F02000005911</b>					
<b>1. Entity Name</b> CENTRO EVANGELICO DE MISIOLOGIA ANDINO AMAZONICA - CEMAA, INC.					
<b>Principal Place of Business</b> JIRON LAS MONJAS 140 URBANIZACION SANTA FELICIA LIMA 12,, LI PERU			<b>Mailing Address</b> PO BOX 527900 C/O LATIN AMERICAN MISSION MIAMI, FL 33152-7900		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 33-1033202				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ZIRENA, R. GLADYS 5465 NW 36TH STREET MIAMI, FL 33166			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	C DARIO ANDRES LOPEZ RODRIGUEZ JIRON LAS MONJAS 140 LIMA 12 PERU,	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DP FRANCES JOY SADLER DE PAREDES JIRON LAS MONJAS 140 LIMA 12, PERU	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VC FRANCES JOY SADLER DE PAREDES JIRON LAS MONJAS 140 LIMA 12 PERU,	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DV MARIA SOLEDAD ESPINAL CARO JIRON LAS MONJAS 140 LIMA 12, PERU	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DP PAREDES ALFARO, RUBEN ELIAS JIRON LAS MONJAS 140 LIMA 12 PERU,	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DT LILIANA CONDOR LLANA JIRON LAS MONJAS 140 LIMA 12, PERU	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DT EUNICE ANGELICA ROJAS BARRIENTOS JIRON LAS MONJAS 140 LIMA 12 PERU,	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DM RUBEN ELIAS PAREDES ALFARO JIRON LAS MONJAS 140 LIMA 12, PERU	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>DM Paredes</i> <b>Ruben E. Paredes</b>				<b>APRIL 17, 2006</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				+ 51-1-348-3225 + 51-1-349 0023	
				<small>Daytime Phone #</small>	