

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005911

FILED
Apr 30, 2009
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: DP () Delete
Name: SADLER DE PAREDES, FRANCES J
Address: JIRON LAS MONJAS 740
City-St-Zip: LIMA 12 PERU,

Title: DV () Delete
Name: ESPTINAL CARO, MARIA SOLEDAD
Address: JIRON LAS MONJAS 140
City-St-Zip: LIMA 12 PERU,

Title: DT () Delete
Name: LLANA, LILIANNA C
Address: JIRON LAS MONJAS 140
City-St-Zip: LIMA 12 PERU,

Title: DM () Delete
Name: PAREDES ALFARO, RUBEN E
Address: JIRON LAS MONJAS 140
City-St-Zip: LIMA 42, 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 exemption stated 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 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: RUBEN E. PAREDES ALFARO

DM

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date