

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90044 011 ****70.00

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1. Entity Name
IGLESIA ALIANZA CRISTIANA Y MISIONERA DE
PEMBROKE PINES, INC.



Principal Place of Business
21011 JOHNSON ST.
SUITE 131-132
PEMBROKE PINES, FL 33029 US

Mailing Address
21011 JOHNSON ST.
SUITE 131-132
PEMBROKE PINES, FL 33029 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3520909

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, SAUL
16451 NW 82 PL.
MIAMI LAKES, FL 33016

Name *Antolina Torres*

Street Address (P.O. Box Number is Not Acceptable)

20531 NW 7th Street

City *Pembroke Pines*

FL

Zip Code
33029

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 *Antolina Torres* *Treasure* *4/30/07*
Signature, typed or printed name of registered agent and title if applicable. (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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME PEREZ, SAUL MR
STREET ADDRESS 16451 NW 82 PL.
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME RODRIGUEZ, SANTIAGO MR.
STREET ADDRESS 18435 NW 11TH ST.
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME ACEVEDO, HECTOR MR
STREET ADDRESS 16721 NW 8TH ST
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE ☒ Change ☐ Addition
NAME *TORRES, Antolina Mrs.*
STREET ADDRESS *20531 NW 7th Street*
CITY-ST-ZIP *Pembroke Pines, FL 33029*

TITLE SD ☐ Delete
NAME HURTADO, GERMAN MR
STREET ADDRESS 16734 SW 10 ST.
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Antolina Torres* *4/30/07* *954-433-8107*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #