

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000004426

1. Entity Name

**ALMA MIAMI, INC. OF THE IGLESIA ALIANZA CRISTIANA
Y MISIONERA MIAMI AL ENCUENTRO CON DIOS**



Principal Place of Business

**5035 SW 147 PLACE
MIAMI, FL 33185**

Mailing Address

**5035 SW 147 PLACE
MIAMI, FL 33185**



01162004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1120762

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**POLO, ARTURO
5035 SW 147 PLACE
MIAMI, FL 33185**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
POLO, ARTURO
5035 SW 147 PLACE
MIAMI, FL 33185**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VD
TOLEDO, ANDY W
13439 SW 59 TERR
MIAMI, FL 33185**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SD
SALVADOR, YOLANDA
11240 N.W. 56TH ST.
MIAMI, FL 33178**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000044709
02/11/04-80031-018 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/04

Date

(305) 225-3748

Daytime Phone #