

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

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90241 021 ****61.25

DOCUMENT # N02000002253

1. Entity Name
**IGLESIA EVANGELICA MISION CENTROAMERICANA
ALFAY Y OMEGA, INC.**



Principal Place of Business
**8031 SW 197 TERRACE
MIAMI, FL 33189**

Mailing Address
**8031 SW 197 TERRACE
MIAMI, FL 33189**

94075030



04272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0597771

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VELASQUEZ, EUDOQUIO E
8031 SW 197 TERRACE
MIAMI, FL 33189**

**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	D
NAME	VELASQUEZ, ANTONIO F
STREET ADDRESS	777 NE 11 ST
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	D
NAME	VELASQUEZ, EUDOQUIO E
STREET ADDRESS	8031 SW 197 TERRACE
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	D
NAME	VELASQUEZ, ESTEBAN
STREET ADDRESS	1226 NW 11 ST
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	D
NAME	VELASQUEZ, RANUNELFO
STREET ADDRESS	29200 S.W. 147 AVE.
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(i), 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

04-27-04

Date

Daytime Phone #