

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000002253

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



Principal Place of Business
**24 N HOMESTEAD BLVD
HOMESTEAD, FL 33030**

Mailing Address
**P.O. BOX 901369
HOMESTEAD, FL 33090**



04222006 No Chg-NP

CR2E037 (11/05)

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
9153 SW 206TH STREET
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, 2006**

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 9153 SW 206TH STREET
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

U00000550402
05/13/06-80058-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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 contained in 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 in an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-06

**SIGN
HERE**