

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 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**



04232007 No Chg-NP CR2E037 (4/06)

**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, 2007**

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	

U00000738901  
05/14/07-80003-011 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 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

**4-23-07** **305-205-2989**  
Date Daytime Phone #