

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90196 044 ****61.25

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

60034081



04232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0597771	Applied For Not Applicable
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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, 2008**

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	D VELASQUEZ, ANTONIO F 777 NE 11 ST HOMESTEAD, FL 33030
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELASQUEZ, EUDOQUIO E 9153 SW 206TH STREET MIAMI, FL 33189
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELASQUEZ, ESTEBAN 1226 NW 11 ST HOMESTEAD, FL 33030
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELASQUEZ, RANUNELFO 29200 S.W. 147 AVE. HOMESTEAD, FL 33030
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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

Date

Daytime Phone #

4-24-08