

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000007076	
1. Entity Name CENTRO BIBLICO EMANUEL INC.	

Principal Place of Business SANTIAGO A. ALEMAN GIRON 880 NW 210 ST. MIAMI, FL 33169	Mailing Address SANTIAGO A. ALEMAN GIRON 880 NW 210 ST. #102 MIAMI, FL 33169
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01042005 No Chg-NP CR2E037 (10/03)

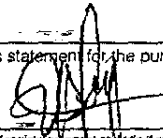
4. FEI Number 42-1585279	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEMAN GIRON, SANTIAGO A
880 NW 210 ST.
102
MIAMI, FL 33169

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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:  DATE: **4/19/05**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees
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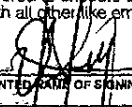
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ORTIZ, SERAFINA 880 NW 210 ST #102 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRAVO, ELSA 3340 EL GARDIN DR. APT/ 306 HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R ORTIZ, MARIA 3940 SW 59 AVE. HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALEMAN-GIRON, SANTIAGO A 880 NW 210 ST #102 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000001321881
04/21/05-80097-003 75.00

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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:  DATE: **4/19/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR