


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

FILED
Apr 25, 2006 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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ALEMAN GIRON, SANTIAGO A 880 NW 210 ST. 102 MIAMI, FL 33169		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	4. FEI Number 42-1585279 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
10. OFFICERS AND DIRECTORS		
TITLE	VPT	
NAME	ORTIZ, SERAFINA	
STREET ADDRESS	880 NW 210 ST #102	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	ST	
NAME	BRAVO, ELSA	
STREET ADDRESS	3340 EL GARDIN DR. APT/ 306	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	R	
NAME	ORTIZ, MARIA	
STREET ADDRESS	3940 SW 59 AVE.	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	
TITLE	PD	
NAME	ALEMAN-GIRON, SANTIAGO A	
STREET ADDRESS	880 NW 210 ST #102	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <i>Santiago Aleman</i> 04/23/06 954-237-84 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



03072006 No Chg-NP CR2E037 (11/05)

05/06/06-80048-015 70.00

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