2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007076

Entity Name: CENTRO BIBLICO EMANUEL INC.

Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4449 S W 50TH ST 5450 S STATE ROAD 7 FORT LAUDERDALE, FL 33314

33

HOLLYWOOD, FL 33314

Current Mailing Address: New Mailing Address:

5450 S STATE ROAD 7 4449 S W 50TH ST FORT LAUDERDALE, FL 33314

HOLLYWOOD, FL 33314

FEI Number: 42-1585279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALEMAN GIRON, SANTIAGO A ALEMAN GIRON, SANTIAGO A

4449 SW 50TH STREET 4524 SW 54TH ST

FORT LAUDERDALE, FL 33314 US 601 FORT LAUDERDALE, FL 33314 US

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.

SIGNATURE: SA 04/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition ALEMAN-GIRON, SANTIAGO A ALEMAN-GIRON, SANTIAGO A Name: Name:

4449 SW 50TH STREET Address: 4524 SW 54TH ST Address:

City-St-Zip: FORT LAUDERDALE, FL 33314 City-St-Zip: FORT LAUDERDALE, FL 33314

Title: Title: () Delete () Change () Addition

PANIAGUA, VICTORIA R Name: Name: Address: 4528 SW 54TH ST Address: City-St-Zip: FORT LAUDERDALE, FL 33314 City-St-Zip:

Title: () Delete Title: () Change () Addition

SANTIAGO, ALEJANDRINA Name: Name: 115 NW 202ND TERRACE Address: Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SA Ρ 04/29/2009