


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90039 029 ****70.00

DOCUMENT # N04000002844			
1. Entity Name MINISTERIO ALIANZA CRISTIANA Y MISIONERA, INC. <i>A</i>			
Principal Place of Business 4391 N.W. 167TH STREET OPA LOCKA, FL 33055		Mailing Address 4391 N.W. 167TH STREET OPA LOCKA, FL 33055	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Miami Gardens, FL</i>		City & State <i>Miami Gardens, FL</i>	
Zip <i>33055</i>	Country <i>USA</i>	Zip <i>33055</i>	Country <i>USA</i>
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RODRIGUEZ, DANIEL 4391 N.W. 167TH STREET OPA LOCKA, FL 33055		Name <i>Cortes, Juan</i> Street Address (P.O. Box Number is Not Acceptable) <i>5558 NW 193 Lane</i> City <i>Miami Gardens</i> FL Zip Code <i>33055</i>	
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 <i>Juan Cortes</i>		DATE <i>8/31/07</i>	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, DANIEL 2414 JACKSON STREET HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>C/D</i> Cortes, Juan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>5558 NW 193 Lane</i> <i>Miami Gardens, FL 33055</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSADO, FREDESVIDA 4501 NW 207TH DRIVE CAROL CITY, FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLON, VICTOR 4391 N.W. 167TH STREET OPA LOCKA, FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T/D</i> Joan Marie Cortes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>5558 NW 193 Lane</i> <i>Miami Gardens, FL 33055</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Juan Cortes</i>		DATE: <i>8/31/07</i> 305-816-3311	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	