


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90052 034 ****70.00

DOCUMENT # N04000007259 1. Entity Name ALLIANCE CHRETIENNE EN JESUS-CHRIST, INC.					
Principal Place of Business 15183 NE 21 ST AVE MIAMI, FL 33162 US			Mailing Address 1530 NE 150 ST MIAMI, FL 33161 US		
2. Principal Place of Business - No P.O. Box # 995 N. Miami Beach BLVD Suite, Apt. #, etc. Suite 107			3. Mailing Address Suite, Apt. #, etc.		
City & State N. Miami Beach, FL Zip 33162		Country Dade		4. FEI Number 20-1420876	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PIERRE-CANEL, ALAND CPA 12794 W DIXIE HWY N MIAMI, FL 33161			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 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	PDC PIGNE, ISRAEL 1530 NE 150 ST MIAMI, FL 33161	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THERESE, MARIE 1530 NE 150 ST MIAMI, FL 33161	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POINT-DU-JOUR, HEJBERT 1530 NE 150 ST MIAMI, FL 33161	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHARD, MARIE EDITH 1530 NE 150 ST MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENZIE, MADELEINE 1530 NE 150 ST MIAMI, FL 33161	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CADET, JOHANNE 1530 N.E. 150 ST MIAMI, FL 33161	<input type="checkbox"/> Delete			
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 any address, with all other like empowered.			SIGNATURE: _____ 4/4/07		