


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000001851	
1. Entity Name ASOCIACION DE MINISTROS CRISTIANOS DE HOMESTEAD, SUR MIAMI-DADE, INC.	

Principal Place of Business 519 S FLAGLER AVE HOMESTEAD FL 33030	Mailing Address 519 S FLAGLER AVE HOMESTEAD FL 33030
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1st MOORE CR2E037 (10/06)

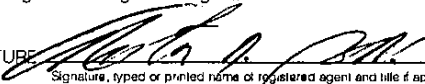
2. Principal Place of Business - No P.O. Box # 519 S. Flagler Ave.	3. Mailing Address 519 S. Flagler Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Homestead, Florida	City & State Homestead, Florida
Zip 33030	Country Miami-Dade
Zip 33030	Country Miami-Dade

4. FEI Number 54-2151253	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BELLO, NESTOR D 519 S FLAGLER AVE HOMESTEAD FL 33030	7. Name and Address of New Registered Agent Name SAME AS ABOVE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 02/12/2007
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME BELLO, NESTOR D STREET ADDRESS 519 S FLAGLER AVE CITY-ST-ZIP HOMESTEAD FL 33030	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition "SAME" U00000642581 03/01/07-80048-017 61.25
TITLE VD	NAME CRUZ, MARVIN A STREET ADDRESS 519 S FLAGLER AVE CITY-ST-ZIP HOMESTEAD FL 33030	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition "SAME"
TITLE SD	NAME GONZALEZ, YVELICE T STREET ADDRESS 519 S FLAGLER AVE CITY-ST-ZIP HOMESTEAD FL 33030	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition "SAME"
TITLE TD	NAME DOMINGUEZ, MANUEL STREET ADDRESS 519 S FLAGLER AVE CITY-ST-ZIP HOMESTEAD FL 33030	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition "SAME"
TITLE D	NAME GONZALEZ, MIKE STREET ADDRESS 519 S FLAGLER AVE CITY-ST-ZIP HOMESTEAD FL 33030	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition "SAME"
TITLE D	NAME PAGAN, NESTOR STREET ADDRESS 519 S FLAGLER AVE CITY-ST-ZIP HOMESTEAD FL 33030	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition "SAME"

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 

02/12/2007