



FILED
Mar 06, 2008 8:00 am
Secretary of State

40039985

DOCUMENT # N05000001851				03-06-2008 90050 040 ***61.25	
1. Entity Name ASOCIACION DE MINISTROS CRISTIANOS DE HOMESTEAD, SUR MIAMI-DADE, INC.				40039935	
Principal Place of Business 519 S FLAGLER AVE HOMESTEAD, FL 33030		Mailing Address 519 S FLAGLER AVE HOMESTEAD, FL 33030			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 21941 SW 124 CT.		03032008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 54-2151253	
City & State		City & State MIAMI FL		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		33170	USA		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BELLO, NESTOR D 519 S FLAGLER AVE HOMESTEAD, FL 33030				Name MARVIN A. CRUZ Street Address (P.O. Box Number is Not Acceptable) 21941 SW 124 CT City MIAMI FL Zip Code 33170	
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 MARVIN CRUZ		(NOTE: Registered Agent signature required upon reinstating)		DATE 2-15-08	
Filing Fee is \$81.25 Due by May 1, 2008		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	PD BELLO, NESTOR D 519 S FLAGLER AVE HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARVIN CRUZ 21941 SW 124 CT. MIAMI FL 33170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRUZ, MARVIN A 519 S FLAGLER AVE HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUZ D. DE JESUS 11334 SW 184 ST MIAMI FL 33170	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, YVELICE T 519 S FLAGLER AVE HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NABOT JARAMILLO 519 S. Flagler Ave Homestead FL 33030	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOMINGUEZ, MANUEL 519 S FLAGLER AVE HOMESTEAD, FL 33030	<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 GONZALEZ, MIKE 519 S FLAGLER AVE HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NARCISO MONTAS 11334 SW 184 ST. MIAMI FL 33170	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGAN, NESTOR 519 S FLAGLER AVE HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Luis A. Pico 1065 NW 14th Ave Homestead FL 33030	<input type="checkbox"/> Change <input checked="" 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: MARVIN CRUZ		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2-15-08 Daytime Phone #	