

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90038 050 ****61.25

DOCUMENT # N05000011010					
1. Entity Name CENTRO RESTAURACION Y ADORACION EMMANUEL INC					
Principal Place of Business 2821 WOODRUFF DR ORLANDO, FL 32837			Mailing Address 2821 WOODRUFF DR ORLANDO, FL 32837		
2. Principal Place of Business 1 MIRAMAR WAY Suite, Apt. #, etc.		3. Mailing Address 1 MIRAMAR WAY Suite, Apt. #, etc.		60010040 	
City & State KISSIMMEE, FLORIDA Zip: 34758 Country: ORCFLA		City & State KISSIMMEE, FLORIDA Zip: 34758 Country: ORCFLA		4. FEI Number 02-0756680	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent QUINTERO, BEATRIZ 2821 WOODRUFF DR ORLANDO, FL 32837			7. Name and Address of New Registered Agent Name: BEATRIZ QUINTERO Street Address (P.O. Box Number is Not Acceptable): 1 MIRAMAR WAY City: KISSIMMEE FL Zip Code: 34758		
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>Beatriz Quintero</i> DATE: 2/14/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <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 P	NAME QUINTERO, BEATRIZ STREET ADDRESS 2821 WOODRUFF DR. CITY-ST-ZIP ORLANDO, FL 32837	<input type="checkbox"/> Delete	TITLE 	NAME 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NAME CONCEPCION, SATURNINO STREET ADDRESS 2821 WOODRUFF DR. CITY-ST-ZIP ORLANDO, FL 32837	<input type="checkbox"/> Delete	TITLE VP/T/S	NAME 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ETC.	NAME COLON, SANDRA STREET ADDRESS 1045 DARLINGTON CT CITY-ST-ZIP KISSIMMEE, FL 34758	<input checked="" type="checkbox"/> Delete	TITLE D	NAME WILLIAM PEREZ STREET ADDRESS 1 MIRAMAR WAY CITY-ST-ZIP KISSIMMEE, FL 34758	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ETC.	NAME TORRES, PORFIRIO STREET ADDRESS 1045 DARLINGTON CT. CITY-ST-ZIP KISSIMMEE, FL 34758	<input checked="" type="checkbox"/> Delete	TITLE D	NAME LIDIA E. PEREZ STREET ADDRESS 1 MIRAMAR WAY CITY-ST-ZIP KISSIMMEE, FL 34758	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE D	NAME NEIDA L ALVAREZ STREET ADDRESS 1 MIRAMAR WAY CITY-ST-ZIP KISSIMMEE, FL 34758	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<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>Beatriz Quintero</i>			DATE: 2/14/06 DAYTIME PHONE: 407-933-2701		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					