

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001037

FILED
Feb 17, 2007
Secretary of State

Entity Name: CENTRO RESTAURACION EMMANUEL ASAMBLEAS DE DIOS INC.

Current Principal Place of Business:

654 19TH ST.
ST CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 701575
ST. CLOUD, FL 34770

New Mailing Address:

FEI Number: 83-0438744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOPEZ, NORA REV
140 FLORIDA PKWY
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: LOPEZ, NORA
Address: 1122 KENTUCKY AVE
City-St-Zip: ST CLOUD, FL 34769

Title: ST () Delete
Name: ROSARIO, IRMA
Address: 1122 KENTUCKY AVE
City-St-Zip: ST CLOUD, FL 34769

Title: TT () Delete
Name: MARTINEZ, ELSA
Address: 1122 KENTUCKY AVE
City-St-Zip: ST CLOUD, FL 34769

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOPEZ, NORA REV.
Address: 140 FLORIDA PKWY
City-St-Zip: KISSIMMEE, FL 34743

Title: VP (X) Change () Addition
Name: SANTIAGO, ELIZABETH
Address: 3470 HOME TOWN LN
City-St-Zip: ST CLOUD, FL 34769

Title: S (X) Change () Addition
Name: ROSARIO, IRMA
Address: 141 MERIDA DR.
City-St-Zip: KISSIMMEE, FL 34743

Title: T () Change (X) Addition
Name: MORAN, WANDA
Address: 2400 ASHCROFT DR.
City-St-Zip: KISSIMMEE, FL 34744

Title: TR () Change (X) Addition
Name: RODRIGUEZ, ELZA
Address: 2122 #101 WALDEN PARK
City-St-Zip: KISSIMMEE, FL 34744

Title: TR () Change (X) Addition
Name: MALDONADO, RAFAEL
Address: 141 MERIDA DR.
City-St-Zip: KISSIMMEE, FL 34743

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORA LOPEZ

REV

02/17/2007

Electronic Signature of Signing Officer or Director

Date