

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 02, 2010
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:

654 19TH ST.
ST CLOUD, FL 34769

New Mailing Address:

FEI Number: 83-0438744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: P
Name: LOPEZ, NORA REV.
Address: 140 FLORIDA PKWY
City-St-Zip: KISSIMMEE, FL 34743

Title: S
Name: CRUZ, NANCY MRS.
Address: 805 DORI CT.
City-St-Zip: SAINT CLOUD, FL 34772

Title: T
Name: PELLOT, MARGIE MS.
Address: 3243 PINE RIDGE CIR.
City-St-Zip: KISSIMMEE, FL 34746

Title: TR
Name: MOORE, LIDIA MRS.
Address: 170 BOWIE LN APT, B
City-St-Zip: KISSIMMEE, FL 34743

Title: TR
Name: MORALES, LYDIA MRS.
Address: 2506 TALEGA DR.
City-St-Zip: SAINT CLOUD, FL 34772

Title: TR
Name: MEJIAS, DANILO MR.
Address: 721 MICHIGAN CT. # 1
City-St-Zip: SAINT CLOUD, FL 34769

I hereby 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 all other like empowered.

SIGNATURE: NORA LOPEZ

REV.

02/02/2010

Electronic Signature of Signing Officer or Director

Date