## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000006562

Entity Name: EL HACEDOR ASAMBLEAS DE DIOS INC

FILED Apr 01, 2007 Secretary of State

731 WILLET DRIVE 728 SHADOWMOSS DRIVE WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787

Current Mailing Address: New Mailing Address:

731 WILLET DRIVE 728 SHADOWMOSS DRIVE WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787

FEI Number: 20-5056753 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROJAS, RAMON J
731 WILLETT DRIVE
WINTER GARDEN, FL 34787 US
ROJAS, RAMON J
728 SHADOWMOSS DRIVE
WINTER GARDEN, FL 34787 US

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: RJR 04/01/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 ROJAS, RAMON J
 Name:
 ROJAS, RAMON J

 Address:
 731 WILLETT DRIVE
 Address:
 728 SHADOWMOSS DRIVE

City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: ROJAS, MABEL D Name: ROJAS, MABEL D

Address: 731 WILLETT DRIVE Address: 728 SHADOWMOSS DRIVE City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787

Title: S () Delete Title: S (X) Change () Addition

 Name:
 IRIZARRY, ROBERTO N
 Name:
 BERTHINET, JULIA

 Address:
 1290 NORTHRIDGE BLVD
 Address:
 223 SEVILLE POINTE AVE

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:
 ORLANDO, FL 32807

Title: T ( ) Delete Title: ( ) Change ( ) Addition
Name: BELTRAN, LUIS R Name:

 Name:
 BELTRAN, LUIS R
 Name:

 Address:
 13375 DANIELS LANDING CIRCLE
 Address:

 City-St-Zip:
 WINTER GARDEN, FL 34787
 City-St-Zip:

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: RAMON J ROJAS P 04/01/2007