


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N23167
1. Entity Name
TEMPLO DE ALABANZA ASAMBLEAS DE DIOS, INC.



Principal Place of Business
230 W. 21 STREET
HIALEAH, FL 33010-2517 US

Mailing Address
230 W 21 STREET
HIALEAH, FL 33010-2517 US

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01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0123913 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SARDINAS, RAMON DAVID
8772 NW 146 LANE
HIALEAH, FL 33018

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

00000089278
15-01/04-80008-024 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARDINAS, RAMON D 8772 NW 146 LANE HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SARDINE, CARMIE D 8772 NW 146 LN. HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROMAN, JUAN 1010 NW 181 ST. NORTH MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 officers empowered.

SIGNATURE:  **2-25-04**
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR Date Daytime Phone #