


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2007 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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05112007 No Chg-NP CR2E037 (4/06)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 14, 2007

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

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, CARME 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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/05/07-80001-001 70.00

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: *Ramon D Sardin* 5-15-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #