


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90044 022 ****61.25

DOCUMENT # N32208	
1. Entity Name ASAMBLEA EVANGELICA DE HIALEAH INC.	

Principal Place of Business 691 EAST 27 ST HIALEAH FL 33013 US	Mailing Address 691 EAST 27 ST HIALEAH FL 33013 US
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2. Principal Place of Business 691 East 27 street Suite, Apt. #, etc. Hialeah FL 33013	3. Mailing Address same Suite, Apt. #, etc. City & State
City & State	City & State
Zip	Country



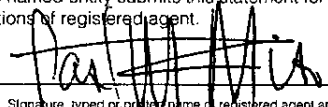
MOORE CR2E037 (11/03)

4. FEI Number 65-0119354	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MIRO, CARLOS R 6110 SW 92 AVENUE MIAMI FL 33173

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

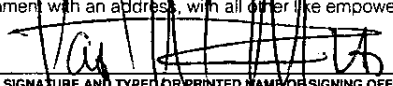
SIGNATURE:  DATE: 2-11-2004

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME PAREDEZ, CARLOS STREET ADDRESS 3533 NW 18 STREET CITY - ST - ZIP HIALEAH FL 33125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TT NAME MIRO, CARLOS STREET ADDRESS 6110 SW 92 AVE CITY - ST - ZIP MIAMI FL 33173	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME BURAYE, JUAN STREET ADDRESS 6954 WEST 29 AVENUE CITY - ST - ZIP HIALEAH FL 33018	<input type="checkbox"/> Delete	TITLE NAME Buraye Juan STREET ADDRESS 9059 N.W. 113 street CITY - ST - ZIP Hialeah Gardens FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME CASAL, JOSE STREET ADDRESS 3020 NW 90 STREET CITY - ST - ZIP MIAMI FL 33147	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 3010 N.W. 90 street CITY - ST - ZIP Miami FL 33147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME SANTANA, ORLANDO STREET ADDRESS 17352-70 STREET NORTH CITY - ST - ZIP LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **2-11-2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #