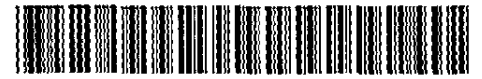


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State



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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite/Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FCI Number 65-0119354		Applied For 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	
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, 2006		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PAREDEZ, CARLOS		
STREET ADDRESS	3533 NW 18 STREET		
CITY-ST-ZIP	HIALEAH FL 33125		
TITLE	TT	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MIRO, CARLOS		
STREET ADDRESS	6110 SW 92 AVE		
CITY-ST-ZIP	MIAMI FL 33173		
TITLE	S1	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BURAYE, JUAN		
STREET ADDRESS	9059 NW 113 STREET		
CITY-ST-ZIP	HIALEAH FL 33018		
TITLE	ST	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	CASAL, JOSE		
STREET ADDRESS	3010 NW 90 STREET		
CITY-ST-ZIP	MIAMI FL 33147		
TITLE	ST	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SANTANA, ORLANDO		
STREET ADDRESS	17352-70 STREET NORTH		
CITY-ST-ZIP	LOXAHATCHEE FL 33470		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 authorized to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if it changed, or on an attachment with an address with all other like empowered.