


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 691 EAST 27 ST
 HIALEAH FL 33013
 US
 C/O CARLOS MIRO
 6110 SW 92ND AVENUE
 MIAMI FL 33173
 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State
 4. FEI Number **65-0119354** Applied For
 Not Applicable

Zip Country Zip Country
 5. Certificate of Status Desired **\$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 is required when reconstituting)

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

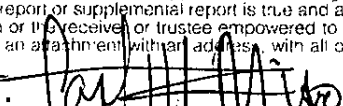
TITLE	PD	<input type="checkbox"/> Delete
NAME	PAREDEZ, CARLOS	
STREET ADDRESS	3533 NW 18 STREET	
CITY- ST- ZIP	HIALEAH FL 33125	
TITLE	TT	<input type="checkbox"/> Delete
NAME	MIRO, CARLOS	
STREET ADDRESS	6110 SW 92 AVE	
CITY- ST- ZIP	MIAMI FL 33173	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BURAYE, JUAN	
STREET ADDRESS	9059 NW 113 STREET	
CITY- ST- ZIP	HIALEAH FL 33018	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CASAL, JOSE	
STREET ADDRESS	3010 NW 90 STREET	
CITY- ST- ZIP	MIAMI FL 33147	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SANTANA, ORLANDO	
STREET ADDRESS	17352-70 STREET NORTH	
CITY- ST- ZIP	LOXAHATCHEE FL 33470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

U00000817093
 02/14/08-80080-008 61.25

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 its 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: 

2-3-2008