

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39967

FILED
Mar 19, 2007
Secretary of State

Entity Name: LATIN AMERICA EVANGELISTIC MINISTRY, INC.

Current Principal Place of Business:

15801 N.W. 52 AVENUE, #207
MIAMI LAKES, FL 330146215

New Principal Place of Business:

Current Mailing Address:

15801 N.W. 52 AVENUE, #207
MIAMI LAKES, FL 330146215

New Mailing Address:

FEI Number: 65-0215656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMINGUEZ, ALFREDO
15801 N.W. 52ND AVE., #207
MIAMI LAKES, FL 330146215 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOMINGUEZ, ALFREDO
Address: 15801 N.W. 52 AVENUE, #207
City-St-Zip: MIAMI LAKES, FL 330146215

Title: VD () Delete
Name: PENA, IRVIN
Address: 15801 N.W. 52 AVENUE, #207
City-St-Zip: MIAMI LAKES, FL 330146215

Title: SD () Delete
Name: DOMINGUEZ, ALBERTO
Address: 6619 S.W. 116 PLACE, #C
City-St-Zip: MIAMI, FL 33173

Title: TD () Delete
Name: ABASCAL, NIVIA
Address: 15801 N.W. 52 AVENUE, #207
City-St-Zip: MIAMI LAKES, FL 330146215

Title: D () Delete
Name: TAPANES, ANA ORQUIDEA
Address: 5301 N.W. 158TH TERRACE, #101
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: AGUILERA, SILVIA
Address: 6619 S.W. 116 PLACE, #C
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFREDO DOMINGUEZ

PD

03/19/2007

Electronic Signature of Signing Officer or Director

Date