


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 08, 2007 08:00 AM
Secretary of State**

DOCUMENT # N43210 1. Entity Name CENTRO ESPIRITISTA SEMBRANDO AMOR, INC.	
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Principal Place of Business P O BOX 161771 MIAMI, FL 33116	Mailing Address P O BOX 161771 MIAMI, FL 33116
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01102007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0265009

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ULFE, JULIA M 10086 SW 143 PLACE MIAMI, FL 33186
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**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000628356
02/18/07-80012-010 70.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ULFE, MANUEL 10086 SW. 143 PLACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NUNEZ, MARTHA M 13464 SW 90 TERRACE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERNANDEZ, JAIME 11510 RW 30 PL SUNRISE, FL 33303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ULFE, JULIA M 9900 E. CALUSA CLUB DR. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: MANUEL ULFE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07

(305) 408-2510

Date

Daytime Phone #