


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

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90041 017 ****61.25

DOCUMENT # N9400006276

1. Entity Name
ASAMBLEA EVANGELICA DE HOMESTEAD, INC.



Principal Place of Business
**945 NE 12 STREET
HOMESTEAD FL 33030**

Mailing Address
**945 NE 12 STREET
HOMESTEAD FL 33030**

2. Principal Place of Business
830 N.E. 11th St.

3. Mailing Address
ASAMBLEA Evangelica

Suite, Apt. #, etc.
P. O. Box 900998

City & State
Homestead, FL

City & State
Homestead, FL

Zip
33030

Country
DADE

Zip
33090

Country
DADE

4. FEI Number
65-0547169

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ESCARRAMAN, FRANCISCO
945 NE 12 STREET
HOMESTEAD FL 33030

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, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ESCARRAMAN, FRANCISCO 945 NE 12 STREET HOMESTEAD FL 33030 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALVARADO, MARCIO 945 NE 12 STREET HOMESTEAD FL 33030 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERRERA, SAMUEL 945 NE 12 STREET HOMESTEAD FL 33030 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCOBAR, GABINO 945 NE 12 STREET HOMESTEAD FL 33030 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALLO, BLADIMIR 945 NE 12 STREET HOMESTEAD FL 33030 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 629 SW. 7th street Miami, FL. 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1021 NE 5th AVE. Homestead, FL. 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12-09 Old Dixie Hwy. Homestead FL. 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition samuel Restituyo 25101 SW. 124 PL. Miami, FL. 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15825 SW. 305 Terrace Homestead, FL. 33033
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: Bladimir Gallo 4/5/04 (305)245-8139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

03040334



MOORE CR2E037 (11/03)

Attachment
Doc. # N9 4000006276
5/028534

CHANGES OF THE YEAR

NAME: ASAMBLEA EVANGELICA DE HOMESTEAD, INC.

PRINCIPAL PLACE OF BUSINESS: 830 N.E. 11TH STREET HOMESTEAD, FL. 33030

ADDRESS: P.O. BOX 900998 HOMESTEAD, FL. 33090

PD. FRANCISCO ESCARRAMAN
ADDRESS: 629 SW. 7TH ST. MIAMI, FL. 33187

VD. MARCIO ALVARADO
ADDRESS: 1021 N.E. 5TH AVE. HOMESTEAD, FL. 33030

VD. SAMUEL HERRERA
~~ADDRESS: 1209 OLD DIXIE HWY. HOMESTEAD, FL. 33030~~

(DELETE. D. GABINO ESCOBAR)

ADDITION: D. SAMUEL RESTITUYO
ADDRESS: 25101 SW. 124 PL. MIAMI, FL. 33032

TD. BLADIMIR GALLO
ADDRESS: 15825 SW. 305 TERRACE HOMESTEAD, FL. 33033