


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 # N94000006276	
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.	Suite, Apt. #, etc. P.O. Box 900998

City & State Homestead, FL	City & State Homestead, FL
--	--

Zip 33030	Country DADE	Zip 33090	Country DADE
---------------------	------------------------	---------------------	------------------------

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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	NAME ESCARRAMAN, FRANCISCO <input type="checkbox"/> Delete	TITLE	NAME 629 SW. 7th street <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 945 NE 12 STREET	CITY-ST-ZIP HOMESTEAD FL 33030	STREET ADDRESS Miami, FL. 33187	CITY-ST-ZIP
TITLE VD	NAME ALVARADO, MARCIO <input type="checkbox"/> Delete	TITLE	NAME 1021 NE 5th AVE. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 945 NE 12 STREET	CITY-ST-ZIP HOMESTEAD FL 33030	STREET ADDRESS Homestead, FL. 33030	CITY-ST-ZIP
TITLE VD	NAME HERRERA, SAMUEL <input type="checkbox"/> Delete	TITLE	NAME 1209 Old Dixie Hwy. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 945 NE 12 STREET	CITY-ST-ZIP HOMESTEAD FL 33030	STREET ADDRESS Homestead FL. 33030	CITY-ST-ZIP
TITLE D	NAME ESCOBAR, GABINO <input checked="" type="checkbox"/> Delete	TITLE	NAME D Samuel Restituyo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 945 NE 12 STREET	CITY-ST-ZIP HOMESTEAD FL 33030	STREET ADDRESS 25101 SW. 124 PL.	CITY-ST-ZIP Miami, FL. 33032
TITLE TD	NAME GALLO, BLADIMIR <input type="checkbox"/> Delete	TITLE	NAME 15825 SW. 305 Terrace <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 945 NE 12 STREET	CITY-ST-ZIP HOMESTEAD FL 33030	STREET ADDRESS Homestead, FL. 33033	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 #

Attachment
Doc. # NG 4000006276
54028534

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