

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90036 026 *****70.00

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1. Entity Name

CONSEJO APOSTOLICO MUNDIAL "CEHALDI", INC.



Principal Place of Business

Mailing Address

8025 NW 36 STREET
SUITE 302
MIAMI FL 33166
US

P.O. BOX 570945
MIAMI FL 33257
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)



4. FEI Number

65-0727716

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORDERO, AFLONSO
8025 NW 36 STREET
SUITE 302
MIAMI FL 33166

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME CRUZ, SR., ROBERT
STREET ADDRESS 8025 NW 36 STREET STE, 302
CITY- ST- ZIP MIAMI FL 33166

TITLE PD ☒ Change ☐ Addition
NAME Manuel Cruz, PRED.
STREET ADDRESS 19655 s.w. 87 PL.
CITY- ST- ZIP Miami, FL. 33157

TITLE VPD ☐ Delete
NAME CRUZ, MANUEL
STREET ADDRESS 8025 NW 36 STREET STE, 302
CITY- ST- ZIP MIAMI FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE TD ☒ Delete
NAME CRUZ, ROSE M
STREET ADDRESS 8025 NW 36 STREET STE, 302
CITY- ST- ZIP MIAMI FL 33166

TITLE TD ☒ Change ☐ Addition
NAME Anthony Lopez
STREET ADDRESS 14536 S.W. 161 PL. Miami, FL. 33196

TITLE D ☒ Delete
NAME CORDERO, ALFONSO
STREET ADDRESS 8025 NW 36 STREET STE, 302
CITY- ST- ZIP MIAMI FL 33166

TITLE D ☒ Change ☐ Addition
NAME Ivan D Ricon
STREET ADDRESS 15360 S.W. 284 St. #113
CITY- ST- ZIP Homestead, FL. 33033

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Change ☒ Addition
NAME Elisabeth Muñoz
STREET ADDRESS 7634 Cortez Ct.
CITY- ST- ZIP Tampa, FL. 33615

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 19, 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.

Manuel Cruz V.P. 04-02-07

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #