


# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 SEP 22 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N97000005308					
1. Entity Name ASAMBLEAS MISIONERAS ELIM, INC.					
Principal Place of Business 11989 SW 56TH STREET MIAMI, FL 33175		Mailing Address 11989 SW 56TH STREET MIAMI, FL 33175			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	08302004 Chg-NP CR2E037 (10/03)	
4. FEI Number 65-0790030				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MIGLIO, TERESA 310 SW 67TH COURT MIAMI, FL 33144			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, REV. RUBEN D 14207 SW 165TH STREET MIAMI, FL 33177	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900041293769 09/23/04--01049--013 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, ERNESTINA 13334 SW 46TH TERRACE MIAMI, FL 33175	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SZUST, MAURICE 4330 SW 147TH PLACE MIAMI, FL 33185	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MIGLIO, TERESA 310 SW 67TH COURT MIAMI, FL 33144	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALONSO, EDUARDO L 11255 SW 43RD LANE MIAMI, FL 33173	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: <u>Rev. Ruben D. Lopez</u> 9/15/04 (305) 225-8803 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**2003 UNIFORM BUSINESS REPORT (UBR)  
ATTACHMENT  
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**ASAMBLEAS MISIONERAS ELIM, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (Continued)**

		<b>ACTION</b>
<b>TITLE</b>	Vice-President/Director	
<b>NAME</b>	Ricardo Loguzzo	<b>DELETE</b>
<b>ADDRESS</b>	10487 SW 68 Street	
<b>CITY/STATE/ZIP</b>	Miami, Florida 33173	
<b>TITLE</b>	Treadurer/Director	
<b>NAME</b>	Justo Lopez	<b>DELETE</b>
<b>ADDRESS</b>	9217 SW 157 Path	
<b>CITY/STATE/ZIP</b>	Miami, Florida 33196	
<b>TITLE</b>	Director	
<b>NAME</b>	Jose Arce	<b>DELETE</b>
<b>ADDRESS</b>	9020 SW 56 Terrace	
<b>CITY/STATE/ZIP</b>	Miami, Florida 33173	
<b>TITLE</b>	Director	
<b>NAME</b>	Miguel Lopez	<b>DELETE</b>
<b>ADDRESS</b>	8528 SW 148 Place	
<b>CITY/STATE/ZIP</b>	Miami, Florida 33193	
<b>TITLE</b>	Director	
<b>NAME</b>	Lazaro Brito	<b>DELETE</b>
<b>ADDRESS</b>	4425 SW 117 Avenue	
<b>CITY/STATE/ZIP</b>	Miami, Florida 33165	
<b>TITLE</b>	Director	
<b>NAME</b>	Esteban Fernandez	<b>DELETE</b>
<b>ADDRESS</b>	15025 SW 140 Court	
<b>CITY/STATE/ZIP</b>	Miami, Florida 33186	
<b>TITLE</b>	Director	
<b>NAME</b>	Jose Sosa	
<b>ADDRESS</b>	5601 SW 142 Avenue	
<b>CITY/STATE/ZIP</b>	Miami, Florida 33183	
<b>TITLE</b>	Director	
<b>NAME</b>	Omar Canales	
<b>ADDRESS</b>	12840 SW 43 Drive	
<b>CITY/STATE/ZIP</b>	Miami, Florida 33175	