2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005308

FILED Apr 11, 2006 Secretary of State

Entity Name: ASAMBLEAS MISIONERAS ELIM, INC.

Current Principal Place of Business: New Principal Place of Business: 11989 SW 56TH STREET MIAMI, FL 33175 **Current Mailing Address: New Mailing Address:** 11989 SW 56TH STREET MIAMI, FL 33175 FEI Number: 65-0790030 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MIGLIO, TERESA ALONSO, EDUARDO L 310 SW 67TH COURT 11255 SW 43RD LANE MIAMI, FL 33144 MIAMI, FL 33165 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. SIGNATURE: EDUARDO ALONSO 04/11/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LOPEZ, REV. RUBEN D Name: Name: 14207 SW 165TH STREET Address: Address: City-St-Zip: MIAMI, FL 33177 City-St-Zip: Title: () Delete Title: () Change () Addition SZUST, MAURICE Name: Name: Address: 4330 SW 147TH PLACE Address: City-St-Zip: MIAMI, FL 33185 City-St-Zip: Title: () Delete Title: () Change () Addition MIGLIO, TERESA Name: Name: 310 SW 67TH COURT Address: Address: City-St-Zip: MIAMI, FL 33144 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition ALONSO, EDUÁRDO L Name: Name: ALONSO, EDUARDO L 11255 SW 43RD LANE Address: Address: 11255 SW 43RD LANE City-St-Zip: MIAMI, FL 33173 City-St-Zip: MIAMI, FL 33165 Title: () Delete Title: () Change () Addition SOSA, JOSE Name: Name: 5601 S.W. 142 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33183 City-St-Zip: Title: () Delete Title: () Change () Addition CANALES, OMAR Name: Name: Address: 12840 S.W. 43 DRIVE Address: MIAMI, FL 33175 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO ALONSO SD 04/11/2006