


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-11-2007 90035 009 ****61.25

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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



04032007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0790030

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ALONSO, EDUARDO L
 11255 SW 43RD LANE
 MIAMI, FL 33165**

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 _____

**Filing 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

| | |
|--|---|
| 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 | VPD SZUST, MAURICE 4330 SW 147TH PLACE MIAMI, FL 33185 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD MIGLIO, TERESA 310 SW 67TH COURT MIAMI, FL 33144 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD ALONSO, EDUARDO L 11255 SW 43RD LANE MIAMI, FL 33165 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SOSA, JOSE 5601 S.W. 142 AVENUE MIAMI, FL 33183 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CANALES, OMAR <input checked="" type="checkbox"/> Delete 12840 S.W. 43 DRIVE MIAMI, FL 33175 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Miglio, Teresa <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 310 SW 67 Court Miami, FL 33144 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD Gutierrez, Lilly <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 617 Granada Grove Ct Coral Gables, FL 33134 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Anako, Fidel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4934 SW 143 Court Miami, Florida 33175 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Eduardo Alonso** **04/07/2007** **305-598-8041**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #