

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000460

FILED
Feb 09, 2005
Secretary of State

Entity Name: BUENAS NOTICIAS DE FE, INC.

Current Principal Place of Business:

5619 S UNIVERSITY DRIVE
DAVIE, FL 33328 US

New Principal Place of Business:

5725 S UNIVERSITY DRIVE
DAVIE, FL 33328 US

Current Mailing Address:

PO BOX 292603
DAVIE, FL 33329 US

New Mailing Address:

FEI Number: 65-0460524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIERRA, VIRGILIO
5229 SW 117 AVENUE
COOPER CITY, FL 33330 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIERRA, VIRGILIO
Address: 5229 SW 117TH AVE
City-St-Zip: COOPER, FL

Title: D () Delete
Name: CARRERO, MARIA J
Address: 1591 W FAIRWAYS RD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: DT () Delete
Name: PRADA, CLAUDIA
Address: 1021 SW 127 TERR
City-St-Zip: DAVIE, FL 33325

Title: D () Delete
Name: FIGUEROA, JOSE
Address: 4982 SW 122 TERR
City-St-Zip: COOPER CITY, FL 33303

Title: D (X) Delete
Name: ECHEVERRI, DIEGO
Address: 9472 SW 50CT
City-St-Zip: COOPER CITY, FL 33328

Title: CM () Delete
Name: PRADA, CESAR
Address: 1021 SW 127 TERR
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VIRGILIO SIERRA

PD

02/09/2005

Electronic Signature of Signing Officer or Director

_____ Date