

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000460

FILED  
Feb 15, 2006  
Secretary of State

Entity Name: BUENAS NOTICIAS DE FE, INC.

## Current Principal Place of Business:

5725 S UNIVERSITY DRIVE  
DAVIE, FL 33328 US

## New Principal Place of Business:

## 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: 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: DS (X) Change ( ) Addition  
Name: CARRERO, MARIA J  
Address: 1591 W FAIRWAY RD  
City-St-Zip: PEMBROKE PINES, FL 33026

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

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

Title: D (X) Change ( ) Addition  
Name: PRADA, CESAR  
Address: 1021 SW 127 TERR  
City-St-Zip: DAVIE, FL 33325

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: MARIA CARRERO

DS

02/15/2006

Electronic Signature of Signing Officer or Director

Date