

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002513

FILED
Apr 30, 2004
Secretary of State**Entity Name:** IGLESIA CRISTIANA COMUNIDAD NUEVA VIDA (USA), INC.**Current Principal Place of Business:**7700 N. KENDALL DRIVE
SUITE 809
MIAMI, FL 33156**New Principal Place of Business:****Current Mailing Address:**7700 N. KENDALL DRIVE
SUITE 809
MIAMI, FL 33156**New Mailing Address:****FEI Number:** 03-0463880**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SALAZAR, GERMAN A
7700 N. KENDALL DRIVE
SUITE 809
MIAMI, FL 33156**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:** DP () Delete
Name: ISAACS, GUIDO
Address: 7700 N. KENDALL DRIVE, SUITE 809
City-St-Zip: MIAMI, FL 33156**Title:** DV () Delete
Name: MARTINEZ, RAUL
Address: 7700 N. KENDALL DRIVE, SUITE 809
City-St-Zip: MIAMI, FL 33156**Title:** DS () Delete
Name: LIPSKY, HENRY
Address: 7700 N. KENDALL DRIVE, SUITE 809
City-St-Zip: MIAMI, FL 33156**Title:** DT () Delete
Name: LIPSKY, HANS
Address: 7700 N. KENDALL DRIVE, SUITE 809
City-St-Zip: MIAMI, FL 33156**Title:** () Delete
Name:
Address:
City-St-Zip:**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
Name:
Address:
City-St-Zip:**Title:** DA () Change (X) Addition
Name: CARDENAS, PEDRO
Address: 7700 N. KENDALL DRIVE, SUITE 809
City-St-Zip: MIAMI, FL 33156

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: GUIDO ISAACS

DP

04/30/2004

Electronic Signature of Signing Officer or Director

Date