

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90049 041 ****61.25

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|--|---|--|--|
| DOCUMENT # N02000008645 1. Entity Name IGLESIA CRISTIANA COMUNIDAD NUEVA VIDA (MIAMI), INC. | | | |
| Principal Place of Business 8256 NW SOUTH RIVER DRIVE MEDLEY, FL 33126 US | | Mailing Address 8256 NW SOUTH RIVER DRIVE MEDLEY, FL 33126 US | |
| 2. Principal Place of Business No P.O. Box # 8346 NW South River Dr | | 3. Mailing Address 8346 NW South River Dr | |
| Suite, Apt. #, etc. KL | | Suite, Apt. #, etc. KL | |
| City & State Medley FL | | City & State Medley, FL | |
| Zip 33166 | | Country U.S.A. | |
| 4. FEI Number 13-4223377 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CARDENAS, PEDRO A 1650 WEST 44 PLACE APT # 116 HIALEAH, FL 33012 | | 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 <small>Signature, typed or printed name of registered agent and title (applicable)</small> | | DATE 3.30.07 <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CARDENAS, PEDRO A 1650 WEST 44 PLACE, APT # 116 HIALEAH, FL 33012 | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RODRIGUEZ, JOSE E 163 LAKEVIEW DRIVE #308-201 WESTON, FL 33326 | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HERRERA, RODRIGO 13959 SW 84 ST MIAMI, FL 33183 | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | |
| 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: | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date 3.30.07 | |
| Daytime Phone # | | 786-399-8330 | |