2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90431 001 *****8.75
04-30-2004 90431 002 ****61.25

DOCUMENT # N03000006668

1. Entity Name
GOOD NEWS BRAZILIAN CHURCH, INC

Principal Place of Business	Mailing Address
910 E. HILLSBORO BLVD DEERFIELD BEACH, FL. 33441	910 E. HILLSBORO BLVD DEERFIELD BEACH, FL 33441

04282004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	9125 NW 38 DRIVE Suite, Apt. #, etc.
City & State	City & State: CORAL SPRING - FL
Zip / Country	Zip: 33065 / Country: BROWARD

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] ($8.75 Additional Fee Required)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
QUINTAO, ANIBAL 9430 SW 8TH STREET #4 BOCA RATON, FL 33428	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PENHA, GENIVAL L 6848 2ND STREET JUPITER, FL 33458	[ ] Delete	[ ] Change [ ] Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BERGEN, KRYSTOF H 6960 CYPRESS COVE CIRCLE JUPITER, FL 33458	[ ] Delete	[ ] Change [ ] Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES SANTOS, SAMUEL 9125 NW 38 DRIVE CORAL SPRINGS, FL 33065	[ ] Delete	[ ] Change [ ] Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	[ ] Change [ ] Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	[ ] Change [ ] Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	[ ] Change [ ] Addition	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 04/28/04 954/5885850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #