


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 14, 2007 8:00 am**  
**Secretary of State**

06-14-2007 90001 007 \*\*\*\*61.25

**DOCUMENT # N05000002592**

1. Entity Name  
 MISION INTERNACIONAL NUEVA IGLESIA, INC.



Principal Place of Business 1631 NORTH 73RD WAY HOLLYWOOD, FL 33024	Mailing Address 1631 NORTH 73RD WAY HOLLYWOOD, FL 33024
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**DO NOT WRITE IN THIS SPACE**



06062007 No Chg-NP CR2E037 (4/06)

4. FEI Number <i>11-3745940</i>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ARCINIEGAS, MAURICIO  
 1631 NORTH 73RD WAY  
 HOLLYWOOD, FL 33024

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARNIER, ERICK 1631 NORTH 73RD WAY HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARCINIEGAS, MAURICIO 1631 NORTH 73RD WAY HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CORREA, JAIR M 1631 NORTH 73RD WAY HOLLYWOOD, FL 33024
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *Mauricio Arciniegas* *06/06/07*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #