2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001459

City-St-Zip:

FILED Mar 25, 2009 Secretary of State

Entity Name: MINISTERIO HISPANO BUENAS NUEVAS, INC

Current Principal Place of Business: New Principal Place of Business: 8950 WEST STIRLING ROAD 12 COOPER CITY, FL 33024 **New Mailing Address: Current Mailing Address:** 8950 WEST STIRLING ROAD COOPER CITY, FL 33024 FEI Number: 20-8442437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PACHECO-VILLALTA, ROSA E 5454 NW 59 PL TAMARAC, FL 33319 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete USECHE, RUBEN I USECHE, RUBEN I Name: Name: 8224 NW 12TH. COURT Address: 8950 NW 12TH. PLACE Address: City-St-Zip: PLANTATION, FL 33322 City-St-Zip: PLANTATION, FL 33322 Title: () Delete Title: (X) Change () Addition USECHE, BEATRIZ G Name: USECHE, BEATRIZ G Name: Address: 8224 NW 12TH, COURT Address: 8950 NW 12TH. PLACE City-St-Zip: PLANTATION, FL 33322 City-St-Zip: PLANTATION, FL 33322 Title: () Delete Title: (X) Change () Addition USECHE, MARIA B USECHE, MARIA B Name: Name: 8224 NW 12TH. COURT Address: Address: 8950 NW 12TH. PLACE City-St-Zip: PLANTATION, FL 33322 City-St-Zip: PLANTATION, FL 33322 Title: () Delete Title: () Change (X) Addition Name: Name: ALCAIDE, ANGELA Address: Address: 11527 ROYAL PALM

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

CORAL SPRINGS, FL 33065

SIGNATURE: RUBEN I USECHE P 03/25/2009