

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90007 030 ****61.25

DOCUMENT # N19889
1. Entity Name
"IGLESIA BAUTISTA HISPANA MIAMI BEACH", INC.



Principal Place of Business: 1185 71ST ST, MIAMI BEACH FL 33141 US
Mailing Address: 333 28TH ST, MIAMI BEACH FL 33140 US

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
GALLARDO, VICTOR
1177 MARSEILLES DR APT #101
MIAMI BEACH FL 33141

4. FEI Number: 59-2787236
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name: Umbelina G. Landera
Street Address (P.O. Box Number is Not Acceptable): 7135 Collins Ave. Apt. #732
City: Miami Beach FL Zip Code: 33141

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: Umbelina G. Landera Umbelina G. Landera DATE: 2-27-04

FILE NOW: 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOLINERO, CARLOS A 7441 WAYNE DR APT 11C MIAMI BEACH FL 33141 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ALEMANY, ISABEL 9017 BYRON AVE SURFSIDE FL 33154 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MERAS, ONELIA 3185 SHERIDAN AVE MIAMI BEACH FL 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Umbelina G. Landera - Umbelina G. Landera 2-27-04 (305) 864-5093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #