



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

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N35201</b> 1. Entity Name IGLESIA BUENAS NUEVAS ASAMBLEAS DE DIOS, INC.		
Principal Place of Business 2580 W. 2 AVE. HIALEAH, FL 33010 US	Mailing Address 19850 NW 83RD AVE. HIALEAH, FL 33015	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  HERNANDEZ, DANIEL A REV. 19850 NW 83RD AVE. HIALEAH, FL 33015		<b>DO NOT WRITE IN THIS SPACE</b>
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 if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, DANIEL A REV. 19850 NW 83RD AVE. HIALEAH, FL 33015	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, SUSANA 19850 NW 83RD AVE. HIALEAH, FL 33015	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BASULTO, GEORGE 11646 N.W. 90TH AVENUE HIALEAH, FL 33018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIMA, ARIEL 19903 NW 86 A MIAMI, FL 33015	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1-5-07</b> Daytime Phone #



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0223347</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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01/12/07-80041-011 70.00

**DO NOT WRITE  
IN THIS SPACE**