

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90022 018 ****70.00

DOCUMENT # N48900 1. Entity Name IGLESIA CRISTIANA REFORMADA BUENAS NUEVAS, INC.					
Principal Place of Business 11989 SW 56TH STREET MIAMI, FL 33184 US			Mailing Address PO BOX 940621 MIAMI, FL 33194-0621 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0344223	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATIAS, MATIAS A 9271 NW 32 COURT ROAD MIAMI, FL 33147			7. Name and Address of New Registered Agent Name HECTOR GARCIA Street Address (P.O. Box Number is Not Acceptable) 18322 SW 142 COURT. City MIAMI FL Zip Code 33177		
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 HECTOR GARCIA DATE 4/20/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD SALINAS, MATIAS A 9271 NW 32 COURT ROAD MIAMI, FL 33147	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HECTOR GARCIA 18322 SW 142 COURT. MIAMI FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BORREGO, NORMA V 13150 SW 6 ST MIAMI, FL 33184	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PORTILLO, ERNESTO 4911 SW 48 PLACE MIAMI, FL 33185	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MATIAS A. SALINAS 9271 NW 32 COURT ROAD MIAMI FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MENDOZA, NOELLIE 13214 SW 11 TERRACE MIAMI, FL 33184	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ILEANA DELGADO 4567 SW 128 COURT MIAMI FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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 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: HECTOR GARCIA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4/20/08 DAYTIME PHONE # 786-357-9103		