


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000000846

1. Entity Name
IGLESIA BAUTISTA HISPANA DE MIAMI LAKES, INC.



FILED
08 OCT 16 PH 3: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6491 WEST 2ND AVENUE HIALEAH, FL 33012 US	Mailing Address 6491 WEST 2ND AVENUE HIALEAH FL 33012 US 8856 N.W. 112 street Hialeah Gardens, Fl. 33018
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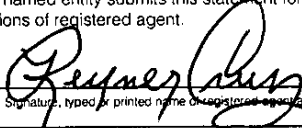
2. Principal Place of Business - No P.O. Box #	3. Mailing Address 8856 N.W. 112 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09172008 Chg-NP CR2E037 (12/06)

City & State Hialeah Gardens, Fl.	City & State Hialeah Gardens, Fl.	4. FEI Number 65-0571395	Applied For <input type="checkbox"/> Not Applicable
Zip 33018	Country MIAMI	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRUZ, REYNER 7872 NW 112 ST MIAMI FL 33015 19219 N.W. 46 Ave Miami, Fl. 33055	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

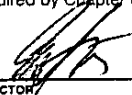
SIGNATURE  DATE **OCT. 12 2008**

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

Filing Fee is \$61.25 Due by September 12, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MUNOZ, ERNESTO O 8856 NW 112 ST HIALEAH GARDENS, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100136987321 10/16/08-01049-011 **\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINONEZ, JOSE 17125 NW 54 CT MIAMI, FL 33055 <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	D CRUZ, REYNER REV 7872 NW 112 ST 19219 N.W. 46 Av. MIAMI, FL 33015 Miami, Fl. 33055 <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	D LABOY, RICHARD 546 LAKESIDE CIRCLE SUNRISE, FL 33326 <input checked="" 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	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	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: ERNESTO O. MUNOZ - PRESIDENT  **OCT. 12 2008** 305 321 0393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/17