

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

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90031 023 \*\*\*\*62.25


60006202



01182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1013730	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DOCUMENT # N99000006371**  
 1. Entity Name  
 IGLESIA EVANGELICA NUEVA VIDA, INC.



Principal Place of Business 692 WEST 29 STREET #9 HIALEAH, FL 33012	Mailing Address 692 WEST 29 STREET #9 HIALEAH, FL 33012
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
 ALBEJALES, ROSA  
 10000 NW 80 CT  
 HIALEAH GARDENS, FL 33016

**DO NOT WRITE IN THIS SPACE**

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

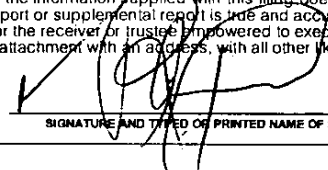
**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONCEPCION, NATACHA 5275 N.W. 7TH STREET, APT. 304 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MIRANDA, ARIEL P 36 W. 16TH STREET, APT. 1 HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/07 305 8874185  
Date Daytime Phone #