


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000007568
 1. Entity Name
IGLESIA NUEVA ESPERANZA, INC.



Principal Place of Business 3620 BALLAST POINT BLVD. TAMPA, FL 33611	Mailing Address 530 TUSCANNY STREET BRANDON, FL 33511
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08102004 No Chg-NP CR2E037 (10/03)

4. FE3 Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GUILLEN, EVANGELINA
4011 S. MANHATTAN AVE., APT. 315
TAMPA, FL 33611

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

Filing Fee is \$61.25
Due by September 8, 2004

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

000000170053
 08/13/04-80002-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VELASQUEZ, JOSE 530 TUSCANNY STREET BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUILLEN, EVANGELINA 4011 S MANHATTAN AVE APT 315 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GONZALEZ, BIENVENIDO 6309 S ADELIA AVE TAMPA, FL 33616
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Jose Velasquez* **Jose Velasquez** **8/10/04** **813 477-6519**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #