## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000008721

Entity Name: NUEVO CAMINAR, INC.

FILED Aug 05, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2415 MAGNOLIA DRIVE NORTH MIAMI, FL 33181 **Current Mailing Address: New Mailing Address:** 2415 MAGNOLIA DRIVE NORTH MIAMI, FL 33181 FEI Number: 41-2075385 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATE CREATIONS NETWORK, INC. 941 FOURTH STREET #200 MIAMI BEACH, FL 33139 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SUAREZ, CARMEN Name: Name: 727 E. 9TH ST. Address: Address: City-St-Zip: HIALEAH, FL 33010 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: BENITEZ, VICTOR Name: Address: 727 E. 9TH ST. Address: City-St-Zip: HIALEAH, FL 33010 City-St-Zip: Title: ( ) Delete Title: () Change () Addition SUAREZ-MEDEROS, FRANCISCO DR. Name: Name: Address: 727 E. 9TH ST. Address: City-St-Zip: HIALEAH, FL 33010 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: ARTIGAS, RICARDO Name: Address: 727 E. 9TH ST. Address: City-St-Zip: HIALEAH, FL 33010 City-St-Zip: Title: ( ) Delete Title: () Change () Addition CARRILLO, PADRE SERGIO Name: Name: 727 E. 9TH ST. Address: Address: City-St-Zip: HIALEAH, FL 33010 City-St-Zip: Title: () Delete Title: () Change () Addition NUNEZ. RICARDO Name: Name: Address: 727 E 9 ST Address: HIALEAH, FL 33010 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCISCO SUAREZ-MEDEROS D 08/05/2004