

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000047067

Entity Name: NEW FORM, INC

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

P. O. BOX 190934  
MIAMI, FL 33119

**New Principal Place of Business:**

4010 SAN AMARO DR  
CORAL GABLES, FL 33146

**Current Mailing Address:**

P. O. BOX 190934  
MIAMI, FL 33119

**New Mailing Address:**

FEI Number: 38-3712606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HERNAN OSSO  
4010 SAN AMARO DR  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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:**

Title: P  
Name: OSSO, HERNAN  
Address: 4010 SAN AMARO DR  
City-St-Zip: CORAL GABLES, FL 33146

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HERNAN OSSO

P

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date