## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AN
Secretary of State

ANN	ANNUAL REPORT			
DOCUMENT # P0400 1. Entity Name MANANTIAL DE VIDA NUEV				
Principal Place of Business	Mailing Address			
122EE CH 127 AVE	12255 CM 127 AVE			



## DO NOT WRITE IN THIS SPACE

#100

MIAMI, FL 33186

04192008 No Chg-P CR2E034 (11/05)

4. FEI Number
14-1911235

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, MARIULIS 17709 SW 141CT MIAMI, FL 33177

changed, or on an attachment with an address.

SIGNATURE:

#100

MIAMI, FL 33186

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plans of registered agent.	surpose of changing its registered office or	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signal tru, 'yood or prioted hasks of require od agrant and trial	fapplicable (NOTE Hegistreed Agent signals	an required when (Hostaling)	DAF
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
TITLE NAME	OFFICERS AND DIRECT PSTD RODRIGUEZ, MARIULIS	CTORS		
STREET ADDRESS	17709 SW 141 CT . MIAMI, FL 33177			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				000000915969 05/12/08-80004-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	$\bigcap$	Λ		
12. I hereby c	ertify that the information supplied with this fill on this report or supplemental report is tue at writing of the receiver or the top and the receiver or the receiver or the top and the receiver or the top and the receiver or the receive	in those not qualify for the exemptions contracturate at a that my signature shall be	ontained in Chapter 119 ave the same legal effect	Florida Statutes, i turther certify that the information tas if made under oath; that I am an officer or director

D NAME OF SIGNING OFFICER OR DIRECTOR