

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000104914

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: NEW TAX EXEMPT USA BUSINESS, INCORPORATED

**Current Principal Place of Business:**

527 NW AVON AVE  
PORT ST LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

527 NW AVON AVE  
PORT ST LUCIE, FL 34983

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired (X)

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

PAIGE, GRAF  
527 NW AVON AVE  
PORT ST LUCIE, FL 34983      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      PTD                      ( ) Delete  
Name:                      PENA, HECTOR L JR  
Address:                      527 NW AVON AVE  
City-St-Zip:                      PORT ST LUCIE, FL 34983

Title:                      VD                      ( ) Delete  
Name:                      PENA, DIANA  
Address:                      527 NW AVON AVE  
City-St-Zip:                      PORT ST LUCIE, FL 34983

Title:                      SD                      ( ) Delete  
Name:                      MALDONADO, NANETTE  
Address:                      527 NW AVON AVE  
City-St-Zip:                      PORT ST LUCIE, FL 34983

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HECTOR L. PENA JR.

PTD

02/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date