2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039401

Address:

City-St-Zip:

Entity Name: ANEW -E- BUSINESS INTERNATIONAL CORP.

FILED Apr 29, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8615 NW 189 LN ST 3706 MIAMI, FL 33015 **New Mailing Address: Current Mailing Address:** BAMCO CCS 084 BAMCO CCS 084 PO BOX 5322 PO BOX 25322 MIAMI, FL 33102 MIAMI, FL 331025322 FEI Number: 06-1699553 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: DEMOS, CHARLES M 16211 NE 12 AVE STE 2 NORTH MIAMI BEACH, FL 33162 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PUIGMARTI, RAMCEY Name: Name: CCCT NIVEL C2 SECTOR YAREY OFPB01 Address: Address: City-St-Zip: CHUAO CARACAS, MI 1064 VENZ OC City-St-Zip: () Delete Title: VD Title: () Change () Addition Name: KREFT, DORA A Name: CCCT NIVEL C2 SECTOR YAREY OFPB01 Address: Address: CHUAO CARACAS, MI 1064 VENZ OC City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition MENDEZ, MAYAURI Name: Name: CCCT NIVEL C2 SECTOR YAREY OFPB01 Address: Address: CHUAO CARACAS, MI 1064 VENZ OC City-St-Zip: City-St-Zip: Title: TD () Delete Title: () Change () Addition MUNOZ, RAMON E Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: RAMCEY PUIGMARTI PD 04/29/2006

CCCT NIVEL C2 SECTOR YAREY OFPB01

CHUAO CARACAS, MI 1064 VENZ OC