2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000039401

Entity Name: ANEW -E- BUSINESS INTERNATIONAL CORP.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
8615 NW 1	89TH LN				
3706	22245				
MIAMI, FL	33015				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
BAMCO CO PO BOX 25 MIAMI, FL	5322				
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	of New Registered Agent:	
8615 NW 1 #3706 MIAMI, FL	33015 US				
The above in the State		submits this statement for the pu	rpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Agen	t	Date	
Election Carr	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PUIGMARTI, F	084, PO BOX 25322	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KREFT, DORA) Delete A A C2 SECTOR YAREY OFPB01 CAS, MI 1064 VE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MENDEZ, MA' CCCT NIVEL () Delete /AURI C2 SECTOR YAREY OFPB01 CAS, MI 1064 VE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MUNOZ, RAM CCCT NIVEL () Delete ON E C2 SECTOR YAREY OFPB01 CAS, MI 1064 VE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: RAMCEY PUIGMARTI PD 04/30/2009