2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007
Secretary of State

DOCUMENT# 748683

Entity Name: THE NEW WORLD CENTER FOUNDATION, INC.

Current Principal Place of Business:

200 S. BISCAYNE BLVD., #2929
MIAMI, FL 33131

New Principal Place of Business:

2400 N MIAMI AVENUE
MIAMI, FL 33131

Current Mailing Address:

2400 N. MIAMI AVENUE
MIAMI, FL 33127

New Mailing Address:

FEI Number: 59-1936652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GORT, WIFREDO
600 BRICKELL AVENUE
STE. 301M
MIAMI, FL 33131 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:	CD	( ) Delete
Name:	GORT, WIFREDO WILLY	
Address:	200 S. BISCAYNE BLVD., #1818	
City-St-Zip:	MIAMI, FL 33131	
Title:	VCD	( ) Delete
Name:	GEORGINA PARDO,	
Address:	200 S. BISCAYNE BLVD., #1818	
City-St-Zip:	MIAMI, FL 33131	
Title:	SD	( ) Delete
Name:	BERCOW, JEFFREY,	
Address:	200 S. BISCAYNE BLVD., #1818	
City-St-Zip:	MIAMI, FL 33131	
Title:	TD	( ) Delete
Name:	MCDOUGAL, PETER	
Address:	200 S. BISCAYNE BLVD., #1818	
City-St-Zip:	MIAMI, FL 33131	

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

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

SIGNATURE: JANITZA TORRES-KAPLAN ED 03/29/2007

Electronic Signature of Signing Officer or Director — Date