

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748683

FILED  
May 20, 2009  
Secretary of State

**Entity Name:** THE NEW WORLD CENTER FOUNDATION, INC.

**Current Principal Place of Business:**

2400 N MIAMI AVENUE  
SUITE 2  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

2400 N MIAMI AVENUE  
SUITE 2  
MIAMI, FL 33127

**New Mailing Address:**

**FEI Number:** 59-1936652      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

GORT, WIFREDO CHAIR  
1101 BRICKELL AVENUE, SUITE 1003  
MIAMI, FL 33131 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

**OFFICERS AND DIRECTORS:**

Title: CHR ( ) Delete  
Name: GORT, WIFREDO WILLY CHAIR  
Address: 2400 N. MIAMI AVENUE, SUITE 2  
City-St-Zip: MIAMI, FL 33127

Title: SEC ( ) Delete  
Name: PARDO, GEORGINA SEC  
Address: 2400 N. MIAMI AVENUE, SUITE 2  
City-St-Zip: MIAMI, FL 33127

Title: TR ( ) Delete  
Name: MC DOUGAL, PETER TREASUR  
Address: 2400 N. MIAMI AVENUE, SUITE 2  
City-St-Zip: MIAMI, FL 33127

Title: BM ( ) Delete  
Name: VACANT  
Address: 2400 N. MIAMI AVENUE, SUITE 2  
City-St-Zip: MIAMI, FL 33127

Title: BM ( ) Delete  
Name: VACANT  
Address: 2400 N. MIAMI AVENUE, SUITE 2  
City-St-Zip: MIAMI, FL 33127

Title: BM ( ) Delete  
Name: VACANT  
Address: 2400 N. MIAMI AVENUE, SUITE 2  
City-St-Zip: MIAMI, FL 33127

**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:

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

SIGNATURE: WIFREDO GORT

CHR

05/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date