

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 754142**  
 1. Entity Name  
**NEW WORLD FESTIVAL, INC.**



Principal Place of Business: 1008 ALHAMBRA CIRCLE, CORAL GABLES FL 33134, US  
 Mailing Address: 1008 ALHAMBRA CIRCLE, CORAL GABLES FL 33134, US



2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

1st MOORE CR2E037 (10/05)  
 4. FEI Number **59-2071138** Applied For Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VOLSKY, GEORGE**  
 1008 ALHAMBRA CIRCLE  
 CORAL GABLES FL 33134

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  Delete  
 NAME PD  
 STREET ADDRESS THOMSON, PARKER D  
 CITY-ST-ZIP 1111 BRICKELL AVE, 17TH FLOOR MIAMI FL 33131

Change  Add  
 U00000416036  
 02/11/06-80108-016 61.25

TITLE  Delete  
 NAME VD  
 STREET ADDRESS VOLSKY, GEORGE  
 CITY-ST-ZIP 1008 ALHAMBRA CIRCLE CORAL GABLES FL 33134

Change  Add

TITLE  Delete  
 NAME STD  
 STREET ADDRESS COOPER, FRANK  
 CITY-ST-ZIP 907 ALHAMBRA CIRCLE CORAL GABLES FL 33134

Change  Add

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Add

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Add

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered

*SPRINT* *GEORGE VOLSKY* *02/28/06* *205-4444755*