

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001729

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: NEA ESTATES LIMITED CORP.

## Current Principal Place of Business:

2121 PONCE DE LEON BLVD  
STE 1050  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

2121 PONCE DE LEON BLVD  
STE 1050  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 98-0461187

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA  
2121 PONCE DE LEON BLVD  
STE 1050  
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: CUARTAS, MAURICIO  
Address: 6914 NE 5TH AVE  
City-St-Zip: MIAMI, FL 33138

Title: VPD ( ) Delete  
Name: SCHENA, LILIANA  
Address: 511 4TH AVE  
City-St-Zip: COLVILLE, WA 99114

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: CUARTAS, MAURICIO  
Address: 305 GALEN DR. UNIT 307  
City-St-Zip: KEY BISCAVNE, FL 33149

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

SIGNATURE: MAURICIO CUARTAS

PSD

04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date