

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

8007/5/2008

FILED
Mar 06, 2008 08:00 AM
Secretary of State

DOCUMENT # K10849

1. Entity Name
NEW WORLD, INC.



Principal Place of Business
8260 SW 142 STREET
MIAMI, FL 33158 US

Mailing Address
8260 SW 142 STREET
MIAMI, FL 33158 US



02272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0021657
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TELL, LILA
8260 SW 142 ST.
MIAMI, FL 33158

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IN THIS SPACE

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

2/27/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
TELL, LILA
8260 SW 142 ST.
MIAMI, FL 33158

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
TELL, DAVID
8260 SW 14 ST.
MIAMI, FL 33158

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000849117
03/21/08-80008-001 150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERMS OF USE

Daytime Phone

305-254-0450