2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# N02000001691

Entity Name: NUEVA VIDA/NEW LIFE INC.

Current Principal Place of Business:

4320 S CONGRESS AVE
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

4320 S CONGRESS AVE
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 03-0426882 **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:

ARGUDO, JOHN
4455 SW MASEFIELD ST
PORT ST LUCIE, FL 34953 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: P ( ) Delete
Name: DE JESUS, JOSEPH
Address: 3102 GRANDIFLORA DR
City-St-Zip: GREENACRES, FL 33467

Title: S ( ) Delete
Name: DE JESUS, LISA
Address: 3102 GRANDIFLORA DR
City-St-Zip: GREENACRES, FL 33467

Title: T ( ) Delete
Name: ESCALERA, DEBBIE
Address: 2208 22ND LN
City-St-Zip: GREENACRES, FL 33463

Title: P ( ) Delete
Name: ARGUDO, JOHN
Address: 4455 SW MASEFIELD ST
City-St-Zip: PORT ST LUCIE, FL 34953

Title: S ( ) Delete
Name: ESCALERA, DEBORA
Address: 2208 22ND LANE
City-St-Zip: GREENACRES, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DE JESUS, JOSEPH
Address: 6 BRIARWOOD DR.
City-St-Zip: PUTNAM VALLEY, NY 10579

Title: S (X) Change ( ) Addition
Name: DE JESUS, LISA
Address: 6 BRIARWOOD DR
City-St-Zip: PUTNAM VALLEY, NY 10579

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: DEBORA ESCALERA S 06/24/2009

Electronic Signature of Signing Officer or Director — Date