

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001691

**FILED**  
**Mar 29, 2012**  
**Secretary of State**

**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:**

3066 DREW WAY  
PALM SPRINGS, FL 33406

**Current Mailing Address:**

4320 S CONGRESS AVE  
LAKE WORTH, FL 33461

**New Mailing Address:**

3066 DREW WAY  
PALM SPRINGS, FL 33406

**FEI Number:** 03-0426882

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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  
**Name:** ARGUDO, JOHN  
**Address:** 4455 SW MASEFIELD ST  
**City-St-Zip:** PORT ST. LUCIE, FL 34953

**Title:** S  
**Name:** ESCALERA, DEBORA  
**Address:** 2208 22ND. LANE  
**City-St-Zip:** GREENACRES, FL 33463

**Title:** T  
**Name:** VIGHETTO, EDWARD  
**Address:** 427 SUMMA STREET  
**City-St-Zip:** WEST PALM BEACH, FL 33405

I hereby 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 all other like empowered.

**SIGNATURE:** EDWARD VIGHETTO

T

03/29/2012

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

\_\_\_\_\_  
Date