

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007451

Entity Name: NEW ROADS GROUP, INC.

FILED
Jan 17, 2008
Secretary of State

Current Principal Place of Business:

15024 SW 57 ST
MIAMI, FL 33193

New Principal Place of Business:

8770 SUNSET DR.
#375
MIAMI, FL 33173

Current Mailing Address:

8770 SUNSET DRIVE # 375
MIAMI, FL 33173

New Mailing Address:

8770 SUNSET DR.
#375
MIAMI, FL 33173

FEI Number: 45-0487434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMINGUEZ, LUIS E
15024 SW 57 ST
MIAMI, FL 33193 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: PD () Delete
Name: DOMINGUEZ, LUIS E
Address: 15024 SW 57 ST
City-St-Zip: MIAMI, FL 33193

Title: VD () Delete
Name: ANITA, JOHSON
Address: 4406 TAFT ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD () Delete
Name: NOVO, ROBERTO
Address: 10516 SW 74TH LANE
City-St-Zip: MIAMI, FL 33173

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: NOVO, ROBERTO
Address: 11451 BISCAINE BLV. APT #45
City-St-Zip: MIAMI, FL 33143

Title: SD () Change (X) Addition
Name: MIROYO, ANDRES L SD
Address: 5240 NE 14TH WAY, APT #6
City-St-Zip: FORTLAUDERDALE, FL 333334

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: LUIS E. DOMINGUEZ

PD

01/17/2008

Electronic Signature of Signing Officer or Director

Date