

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008721

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: NUEVO CAMINAR, INC.

**Current Principal Place of Business:**

2415 MAGNOLIA DRIVE  
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

2415 MAGNOLIA DRIVE  
NORTH MIAMI, FL 33181

**New Mailing Address:**

FEI Number: 41-2075385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK, INC.  
941 FOURTH STREET #200  
MIAMI BEACH, FL 33139 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: D ( ) Delete  
Name: SUAREZ, CARMEN  
Address: 2415 MAGNOLIA DRIVE  
City-St-Zip: NORTH MIAMI, FL 33181

Title: D ( ) Delete  
Name: BENITEZ, VICTOR  
Address: 2415 MAGNOLIA DRIVE  
City-St-Zip: NORTH MIAMI, FL 33181

Title: D ( ) Delete  
Name: SUAREZ-MEDEROS, FRANCISCO DR.  
Address: 2415 MAGNOLIA DRIVE  
City-St-Zip: NORTH MIAMI, FL 33181

Title: D ( ) Delete  
Name: ARTIGAS, RICARDO  
Address: 2415 MAGNOLIA DRIVE  
City-St-Zip: NORTH MIAMI, FL 33181

Title: D ( ) Delete  
Name: CARRILLO, PADRE SERGIO  
Address: 2415 MAGNOLIA DRIVE  
City-St-Zip: NORTH MIAMI, FL 33181

Title: D ( ) Delete  
Name: NUNEZ, RICARDO  
Address: 2415 MAGNOLIA DRIVE  
City-St-Zip: NORTH MIAMI, FL 33181

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 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: DR.FRANCISCO SUAREZ-MEDEROS

O

01/10/2007

Electronic Signature of Signing Officer or Director

Date