2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

DOCUMENT# N02000008721

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 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: FRANCISCO SUAREZ-MEDEROS D 01/03/2008

Electronic Signature of Signing Officer or Director — Date