

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 05, 2008  
Secretary of State**

DOCUMENT# N05000003270

Entity Name: NEW LIFE AFTER SCHOOL PROGRAM, INC.

**Current Principal Place of Business:**

378 WESTWARD DR.  
MIAMI SPRINGS, FL 33166

**New Principal Place of Business:**

301 WESTWARD DR.  
MIAMI SPRINGS, FL 33166

**Current Mailing Address:**

P.O.BOX 660597  
MIAMI, FL 332660597 US

**New Mailing Address:**

FEI Number: 61-1553613      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

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

RIVERO, EDUARDO  
610 RAVEN AVE  
MIAMI SPRINGS, FL 33166 US

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:**

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

Title: D ( ) Delete  
Name: RIVERO, EDUARDO  
Address: 610 RAVEN AVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

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

Title: D ( ) Delete  
Name: RIVERO, MARIA  
Address: 610 RAVEN AVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

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

Title: D ( ) Delete  
Name: LEON, HIPOLITO M  
Address: 555 E 5TH ST  
City-St-Zip: HIALEAH, FL 33010

Title: D (X) Change ( ) Addition  
Name: LEON, HIPOLITO M  
Address: 555 E 5TH ST  
City-St-Zip: HIALEAH, FL 33013

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: EDUARDO RIVERO

D

08/05/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date