

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N47078

1. Entity Name
FUNDACION DESARROLLO NUEVO PENSAMIENTO, CORP.



Principal Place of Business
**480 NW 85 PLACE
#5
MIAMI FL 33126
US**

Mailing Address
**480 NW 85 PLACE
STE 5
MIAMI FL 33126
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number **65-0304905** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SANTIAGO, CARMEN
480 NW 85 PLACE #5
MIAMI FL 33126**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	SANTIAGO, CARMEN	
STREET ADDRESS	480 NW 85 PLACE #5	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	PD	☐ Delete
NAME	CARRAZANA, ESTER	
STREET ADDRESS	480 NW 85 PLACE #5	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	SD	☐ Delete
NAME	ESTEFAN, JULIE	
STREET ADDRESS	480 NW 85 PLACE #5	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VD	☐ Delete
NAME	LOURDES, VALDES	
STREET ADDRESS	480 NW 85 PLACE #5	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the info. indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or 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 in Block 10 or 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Julie Estefan* 2/16/06 305-263