


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N99000002872 1. Entity Name NEW PRESS CORP.	
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Principal Place of Business 4635 SW 89TH PLACE MIAMI, FL 33165-5937	Mailing Address 9600 NW 25TH ST STE 6-1 MIAMI, FL 33172-1416
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**DO NOT WRITE IN THIS SPACE**



03032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0950261	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
CRESPO, NANCY PEREZ  
4635 SW 89TH PLACE  
MIAMI, FL 33165-5937

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRESPO, NANCY 4635 SW 89TH PLACE MIAMI, FL 331655937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRESPO, JUAN P 4635 SW 89TH PLACE MIAMI, FL 331655937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IGLESIAS, RAUL G 4635 SW 89TH PLACE MIAMI, FL 331655937
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04/19/05-80040-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Crespo 03/14/05 305-265-2210  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #