

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000002872**

1. Entity Name  
**NEW PRESS CORP.**



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**

**DO NOT WRITE IN THIS SPACE**



02012006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**65-0950261**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CRESPO, NANCY PEREZ  
4635 SW 89TH PLACE  
MIAMI, FL 33165-5937**

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CRESPO, NANCY  
STREET ADDRESS 4635 SW 89TH PLACE  
CITY-ST-ZIP MIAMI, FL 331655937

TITLE VD  
NAME CRESPO, JUAN P  
STREET ADDRESS 4635 SW 89TH PLACE  
CITY-ST-ZIP MIAMI, FL 331655937

TITLE SD  
NAME BERTOT, LILIAN PH.D  
STREET ADDRESS 2398 SW 22ND AVE.  
CITY-ST-ZIP MIAMI, FL 33145

TITLE TD  
NAME VENTO, JOSEFA DOS  
STREET ADDRESS 16041 ABERDEEN WAY  
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE D  
NAME RODRIGUEZ, ALICIA L  
STREET ADDRESS 2398 SW 22ND AVE.  
CITY-ST-ZIP MIAMI, FL 33145

TITLE D  
NAME BOFILL, RICARDO ESQ  
STREET ADDRESS 1920 SW 13TH ST.  
CITY-ST-ZIP MIAMI, FL 33145

U00000549904  
05/12/06-80078-017 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-26-06/ 305-477-2939