2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State
04-06-2007 90042 028 ****61.25

DOCUMENT # N99000002872

1. Entity Name
NEW PRESS CORP

Principal Place of Business	Mailing Address
4635 SW 89TH PLACE MIAMI, FL 33165-5937	9600 NW 25TH ST STE 6-1 MIAMI, FL 33172-1416

40052340

03202007 No Chg-NP CR2EC37 (4/06)

DO NOT WRITE IN THIS SPACE

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 date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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 DDS
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	SOFILL, RICARDO ESQ
STREET ADDRESS	1920 SW 19TH ST.
CITY-ST-ZIP	MIAMI, FL 33145

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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: Nancy Perez-Crespo President 305-477-2939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #

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ATTACHMENT

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C08020007 No Chg-NF CR2E037 (4/06)

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