2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N99000002872

Entity Name: NEW PRESS CORP.

Current Principal Place of Business:

4635 SW 89TH PLACE
MIAMI, FL 331655937

New Principal Place of Business:

Current Mailing Address:

4635 SW 89TH PLACE
MIAMI, FL 331655937

New Mailing Address:

FEI Number: 65-0950261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ-CRESPO, NANCY
4635 SW 89TH PLACE
MIAMI, FL 331655937 US

Name and Address of New Registered Agent:

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:

Title:	PD	( ) Delete
Name:	PEREZ-CRESPO, NANCY	
Address:	4635 SW 89TH PLACE	
City-St-Zip:	MIAMI, FL 331655937	
Title:	D	( ) Delete
Name:	PEREZ-CRESPO, JUAN P	
Address:	4635 SW 89TH PLACE	
City-St-Zip:	MIAMI, FL 331655937	
Title:	VD	( ) Delete
Name:	VENTO, OMAR M.D.	
Address:	16041 ABERDEEN WAY	
City-St-Zip:	MIAMI LAKES, FL 33014	
Title:	TD	( ) Delete
Name:	VENTO, JOSEFA DDS	
Address:	16041 ABERDEEN WAY	
City-St-Zip:	MIAMI LAKES, FL 33014	
Title:	SD	( ) Delete
Name:	FERNANDEZ, MIGUEL ESQ	
Address:	151 SW 135 TERRACE A – 312 T	
City-St-Zip:	PEMBROKE PINES, FL 33027	
Title:	D	( ) Delete
Name:	BOFILL, RICARDO ESQ	
Address:	1920 SW 13TH ST.	
City-St-Zip:	MIAMI, FL 33145	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: NANCY PEREZ-CRESPO PRES 02/16/2009

Electronic Signature of Signing Officer or Director — Date