

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002872

FILED  
Apr 30, 2010  
Secretary of State

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  
Name: PEREZ-CRESPO, NANCY  
Address: 4635 SW 89TH PLACE  
City-St-Zip: MIAMI, FL 331655937

Title: D  
Name: PEREZ-CRESPO, JUAN P  
Address: 4635 SW 89TH PLACE  
City-St-Zip: MIAMI, FL 331655937

Title: VD  
Name: VENTO, OMAR M.D.  
Address: 16041 ABERDEEN WAY  
City-St-Zip: MIAMI LAKES, FL 33014

Title: TD  
Name: VENTO, JOSEFA DDS  
Address: 16041 ABERDEEN WAY  
City-St-Zip: MIAMI LAKES, FL 33014

Title: D  
Name: BOFILL, RICARDO ESQ  
Address: 1920 SW 13TH ST.  
City-St-Zip: MIAMI, FL 33145

I hereby 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 all other like empowered.

SIGNATURE: NANCY PEREZ-CRESPO

PRES

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date