

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 05, 2010
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:**PEREZ-CRESPO, FABIAN
4635 SW 89TH PLACE
MIAMI, FL 331655937 US

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: FABIAN PEREZ-CRESPO

08/05/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: D
Name: SHILING, JULIO
Address: 320 W PARK DR #102-9
City-St-Zip: MIAMI, FL 33172

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: FABIAN PEREZ-CRESPO

PD

08/05/2010

Electronic Signature of Signing Officer or Director

Date