


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000007549</b> 1. Entity Name <b>THE NEW URBAN PRESS, INC.</b>	
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Principal Place of Business  
**1023 S.W. 25TH AVENUE  
MIAMI, FL 33135**

Mailing Address  
**1023 S.W. 25TH AVENUE  
MIAMI, FL 33135**



04082004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0990091</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DUANY, ANDRES M  
1023 S.W. 25TH AVENUE  
MIAMI, FL 33135**

**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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U000000118765  
04/19/04-80073-013 70.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPTS DUANY, ANDRES M 1023 S.W. 25TH AVENUE MIAMI, FL 33135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D POLYZOIDES, STEFANOS 180 E CALIFORNIA BLVD AT PICHER ALLEY PASADENA, CA 91106</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOMBARD, JOANNA 3621 BAYVIEW ROAD MIAMI, FL 33133</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D QURAESHI, SAMINA 1223 DICKINSON DRIVE BLDG 49B, ROOM 101 CORAL GABLES, FL 33124</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DUANY, ANDRES M 1023 SW 25TH AVE MIAMI, FL 33135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #