

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 09, 2008 08:00 A
Secretary of State**

DOCUMENT # N99000007549

1. Entity Name
THE NEW URBAN PRESS, INC.



Principal Place of Business
**1023 S.W. 25TH AVENUE
MIAMI, FL 33135**

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



03272008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0990091

Applied For
Not Applicable

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000889469
04/22/08-80754-024 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
POLYZOIDES, STEFANOS
180 E CALIFORNIA BLVD AT PICHER ALLEY
PASADENA, CA 91106**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
LOMBARD, JOANNA
3621 BAYVIEW ROAD
MIAMI, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
QURAESHI, SAMINA
1223 DICKINSON DRIVE BLDG 49B, ROOM 101
CORAL GABLES, FL 33124**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
DUANY, ANDRES M
1023 SW 25TH AVE
MIAMI, FL 33135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
DUANY, ANDRES M
1023 SW 25TH AVE
MIAMI, FL 33135**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **4/4/08** **(305) 444-1023**