

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007549

FILED
Mar 17, 2009
Secretary of State

Entity Name: THE NEW URBAN PRESS, INC.

Current Principal Place of Business:

1023 S.W. 25TH AVENUE
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

1023 S.W. 25TH AVENUE
MIAMI, FL 33135

New Mailing Address:

FEI Number: 65-0990091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUANY, ANDRES M
1023 S.W. 25TH AVENUE
MIAMI, FL 33135 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: CPTS () Delete
Name: DUANY, ANDRES M
Address: 1023 S.W. 25TH AVENUE
City-St-Zip: MIAMI, FL 33135

Title: D () Delete
Name: POLYZOIDES, STEFANOS
Address: 180 E CALIFORNIA BLVD AT PICHER ALLEY
City-St-Zip: PASADENA, CA 91106

Title: D () Delete
Name: LOMBARD, JOANNA
Address: 3621 BAYVIEW ROAD
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: QURAESHI, SAMINA
Address: 1223 DICKINSON DRIVE BLDG 49B, ROOM 101
City-St-Zip: CORAL GABLES, FL 33124

Title: D () Delete
Name: DUANY, ANDRES M
Address: 1023 SW 25TH AVE
City-St-Zip: MIAMI, FL 33135

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:

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: ANDRES M. DUANY

CPTS

03/17/2009

Electronic Signature of Signing Officer or Director

Date