


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P01000070709</b> 1. Entity Name NUEVO MUNDO RANCH, CORPORATION		
Principal Place of Business 19375 SW 136TH ST. MIAMI, FL 33196	Mailing Address 1840 W. 49 STREET SUITE# 235 HIALEAH, FL 33012	

**FILED**  
**Jul 18, 2008 08:00 AM**  
 Secretary of State



07102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>02-0553281</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$0.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

KABA, MOISES III  
 1840 W 49 STREET  
 SUITE 235  
 HIALEAH, FL 33012

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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.

U00000955613  
 07/18/08-80005-002 150.00

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S KABA, MOISES III 1840 W 49 STREET, SUITE 235 HIALEAH, FL 33012
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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 607, 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: *Muse Kaba* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_