

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000092550	
1. Entity Name UN NUEVO AMANECER CORP.	
	
Principal Place of Business 13045 SW 68 ST #102 MIAMI, FL 33183	Mailing Address 13045 SW 68 ST #102 MIAMI, FL 33183



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0793605	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OZUNA, JUAN
13045 SW 68 ST #102
MIAMI, FL 33183**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

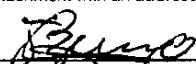
U00000756508
05/23/07-80183-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OZUNA, JUAN 13045 SW 68 ST #102 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DE OZUNA, IRMA SANCHEZ 13045 SW 68 ST #102 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OZUNA, PABLO I 13045 SW 68TH ST #102 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4.30.07 3056324208

Daytime Phone #