## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 05, 2005 8:00 am Secretary of State **DOCUMENT # P04000064319** 05-05-2005 90114 025 \*\*\*150.00 1. Entity Name THE NEW AND THE LAST CORP. Principal Place of Business Mailing Address 50049626 17092 COLLINS AVENUE 17092 COLLINS AVENUE STE C-411 STF C-411 SUNNY ISLES, FL 33160 SUNNY ISLES, FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc.\_\_ Suite, Apt. #, etc. -03022005 - CR2E034 (10/03) Cho-P City & State Applied For 4. FEI Number City & State 20-1025369 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QUINONEZ, HUGO Street Address (P.O. Box Number is Not Acceptable) 17092 COLLINS AVENUE STE C-411 SUNNY ISLES, FL 33160 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSD** ☐ Delete ☐ Change ☐ Addition TITLE TITLE QUINONEZ, HUGO NAME NAME STREET ADDRESS 17092 COLLINS AVENUE STE C-411 STREET ADDRESS SUNNY ISLES, FL 33160 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TET) F ☐ Change XX Addition TITLE VΡ NAME NAME JESUS A GRANADOS STREET ADDRESS STREET ADDRESS 8061 NW 114 PL CITY-ST-ZIP CITY-ST-ZIP DORAL, FL TITLE ☐ Delete TITLE ☐ Change XIX Addition VICTOR SARMIENTO NAME NAME 20702 SW 121 CT MIAMI, FL 33177 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change XIX Addition ☐ Delete TITLE TITLE JORGE E QUINONES NAME NAME STREET ADDRESS STREET ADDRESS 17094 COLLINS AVE A-608 CITY-ST-ZIP CITY-ST-ZIP SUNNY ISLES, FL 33160 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 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.

VICE PRESIDENT.

SIGNATURE: 1

FILED