

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90483 013 ***150.00

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1. Entity Name

THE NEW AND THE LAST CORP.



Principal Place of Business

17092 COLLINS AVENUE
STE C-411
SUNNY ISLES, FL 33160

Mailing Address

17092 COLLINS AVENUE
STE C-411
SUNNY ISLES, FL 33160

50017914



03252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1025369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUINONEZ, HUGO
17092 COLLINS AVENUE
STE C-411
SUNNY ISLES, FL 33160

**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

Hugo Quinonez

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME QUINONEZ, HUGO
STREET ADDRESS 17092 COLLINS AVENUE STE C-411
CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE V
NAME GRANADOS, JESUS A
STREET ADDRESS 8061 NW 114 PL
CITY-ST-ZIP DORAL, FL 33178

TITLE S
NAME SARMIENTO, VICTOR
STREET ADDRESS 20702 SW 121 CT
CITY-ST-ZIP MIAMI, FL 33177

TITLE TR
NAME QUINONES, JORGE E
STREET ADDRESS 17094 COLLINS AVE, A-608
CITY-ST-ZIP SUNNY ISLES, FL 33160

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:

Hugo Quinonez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 (786) 355-0190

DATE

Daytime Phone #