

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 09, 2006 8:00 am
Secretary of State

07-21-2006 90027 045 ***150.00

DOCUMENT # P05000077485 1. Entity Name NEW ERA INVESTMENT CORPORATION			
Principal Place of Business 14845 SW 168TH TERRACE MIAMI, FL 33187		Mailing Address 14845 SW 168TH TERRACE MIAMI, FL 33187	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent TORRES CASTRO, FERNANDO 14845 SW 168 TERRACE MIAMI, FL 33187		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Signature, Title, and Address of Registered Agent and State of Incorporation		NOTE: Registered Agent Signature valid only when accompanied by	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME TORRES CASTRO, FERNANDO STREET ADDRESS 14845 SW 168 TERRACE CITY-STATE-ZIP MIAMI, FL 33187	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE VPOD NAME TORRES, LUZ E STREET ADDRESS 14845 SW 168 TERRACE CITY-STATE-ZIP MIAMI, FL 33187	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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		7-18-06 (784) 346-6934	