

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90045 028 \*\*\*150.00

**DOCUMENT # P06000128594**

1. Entity Name  
**NEW GLOBAL TRUST OF MIAMI, INC.**



Principal Place of Business

7200 N.W. 19 ST.  
SUITE 301  
MIAMI, FL 33126

Mailing Address

7200 N.W. 19 ST.  
SUITE 301  
MIAMI, FL 33126

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

*P.O. Box 52 7443*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
*MIAMI, FL*

Zip

Country

Zip

Country

*33152*

07062007

Chg-P

CR2E034 (12/06)

4. FEI Number

*51-0605996*

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA CORPORATE REGISTERED AGENTS, INC.  
7200 N.W. 19 ST.  
SUITE 301  
MIAMI, FL 33126

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, 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**  
**Due by September 14, 2007**

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 P  
NAME CAPI, CARLO  
STREET ADDRESS 7200 N.W. 19 ST., STE. 301  
CITY-ST-ZIP MIAMI, FL 33126 ☐ Delete

TITLE T  
NAME LUDOVICI, ALBERTO  
STREET ADDRESS 7200 N.W. 19 ST., STE. 301  
CITY-ST-ZIP MIAMI, FL 33126 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-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

*7-5-07*

Date

*(305) 447-7447*

Daytime Phone #

ATTACHMENT

40123423

**NEW GLOBAL TRUST OF MIAMI, INC.**

**P. O. BOX 527443**

**MIAMI, FL 33152**

July 5, 2007

Florida Department of State  
Division Of corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re New Global Trust of Miami, Inc.  
Ref. No. P06000128594  
Annual Report  
Year: 2007

Ladies and Gentlemen;

The corporation kindly requests the waiver of the \$ 400 late fee because the annual report notice was not received.

Thanking you in advance for your kind assistance I remain.

Sincerely,



For Carlo Capi, President