

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000067884

Entity Name: NEW DIVIDE, INC.

**FILED**  
**Sep 09, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6105 SW 129 PL #1807  
MIAMI, FL 33183

**New Principal Place of Business:**

**Current Mailing Address:**

6105 SW 129 PL #1807  
MIAMI, FL 33183

**New Mailing Address:**

FEI Number: 27-0865612

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CASANOVA, JORGE L  
6105 SW 129 PL #1807  
MIAMI, FL 33183 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CASANOVA, JORGE L  
Address: 6105 SW 129 PL #1807  
City-St-Zip: MIAMI, FL 33183

Title: DV  
Name: CASANOVA, JOANIA  
Address: 6105 SW 129 PL #1807  
City-St-Zip: MIAMI, FL 33183

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JORGE L CASANOVA

DP

09/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date