

# **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000017892

Entity Name: NEW WORLD ELDERLY CARE, INC.

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

8184 WEST 18TH AVE  
HIALEAH, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

8184 WEST 18TH AVE  
HIALEAH, FL 33014

**New Mailing Address:**

FEI Number: 65-0560903

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GOMEZ, ALBA  
661 W 60 STREET  
HIALEAH, FL 33012 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: GOMEZ, ALBA  
Address: 661 W 60 ST  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALBA GOMEZ

PS

04/30/2007

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

\_\_\_\_\_  
Date