

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90047 016 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> 1. Entity Name	P96000079321
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NEW LIFE PLUS CENTER, INC.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 6575 SW 27 STREET	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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<b>City &amp; State</b> MIAMI, FL	<b>City &amp; State</b>
<b>Zip</b> 33155	<b>Country</b>

<b>4. FEI Number</b> 65-0732438	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> ZOILA AGUERO
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 6575 SW 27 STREET
<b>City</b> MIAMI
<b>FL</b>
<b>Zip Code</b> 33155

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 Zoila Aguero ZOILA AGUERO 4/30/2003  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DVP FRANCISCO AGUERO 4448 SW 11 STREET MIAMI, FL 33134
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DP ZOILA AGUERO 6575 SW 27 STREET MIAMI, FL 33155
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	FP MARIA L AGUERO 6575 SW 27 STREET MIAMI, FL 33155
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	S BEATRIZ AGUERO MOREJON 7040 SW 24 STREET #109 MIAMI, FL 33155
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	T ISABEL C AGUERO 335 MENORES AVENUE CORAL GABLES, FL 33134
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**11.**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Zoila Aguero  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #