
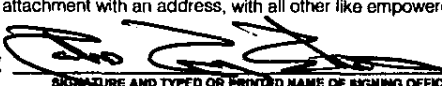


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000010225		
1. Entity Name A NEW APPEARANCE, INC.		
Principal Place of Business 1571 PURITAN STREET DELTONA, FL 32725	Mailing Address 1571 PURITAN STREET DELTONA, FL 32725	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CRUZ-ECHEVARRIA, CARLOS 1571 PURITAN STREET DELTONA, FL 32725		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing / Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRUZ-ECHEVARRIA, CARLOS 1571 PURITAN STREET DELTONA, FL 32725	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		407-474-0152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date



02172008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3556372

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

U000000837357

03/05/08-80012-003 150.00

**DO NOT WRITE
IN THIS SPACE**