2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S96786

1. Entity Name
NEW DAWN U.S.A. CORP.

Principal Place of Business	Mailing Address
1701 SW 87 CT MIAMI, FL 33165	14287 SW 21ST TERR MIAMI, FL 33175 US

DO NOT WRITE IN THIS SPACE

04242008   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0299784	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

RIVEROL, CRISTINA
6770 INDIAN CREEK DR #PH-R
MIAMI BEACH, FL 33141

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 _____

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 **After May 1, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000009333000 05/22/08-00016-011 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PSTD	
NAME	RIVEROL, CRISTINA	
STREET ADDRESS	6770 INDIAN CREEK DR. #PH-R	**DO NOT WRITE IN THIS SPACE**
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		
NAME		
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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: _____ Cristina Riverol 4/25/08 305-221-0543

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