

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001691

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC6149723941**

**Entity Name:** NUEVA VIDA/NEW LIFE INC.

**Current Principal Place of Business:**

3066 DREW WAY  
PALM SPRINGS, FL 33406

**Current Mailing Address:**

3066 DREW WAY  
PALM SPRINGS, FL 33406

**FEI Number:** 03-0426882

**Certificate of Status Desired:** No

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

ARGUDO, JOHN  
1649 CROOKED STICK WAY  
GREENACRES, FL 33413 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ARGUDO, JOHN R  
Address        1649 CROOKED STICK WAY  
City-State-Zip: GREENACRES FL 33413

Title            SECRETARY  
Name            ARGUDO, LISANDRA  
Address        1649 CROOKED STICK WAY  
City-State-Zip: GREENACRES FL 33413

Title            OFFICER  
Name            GOMEZ, EVANGELINA  
Address        3339 HOUSATONIC DR.  
City-State-Zip: WEST PALM BEACH FL 33406

Title            OFFICER  
Name            ESCALERA, RALPH  
Address        2208 22ND LANE  
City-State-Zip: GREENACRES FL 33463

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN ARGUDO

**PRESIDENT**

**01/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date