

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001691

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

**FILED**  
**Jan 16, 2019**  
**Secretary of State**  
**8540764408CC**

**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  
3656 BROOKLYN LANE  
LAKE WORTH, FL 33461 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        3656 BROOKLYN LANE  
City-State-Zip: LAKE WORTH FL 33461

Title            SECRETARY  
Name            ARGUDO, LISANDRA  
Address        3656 BROOKLYN LANE  
City-State-Zip: LAKE WORTH FL 33461

Title            OFFICER, TREASURER  
Name            ESCALERA, RAFAEL JR.  
Address        5030 STARBLAZE DRIVE  
City-State-Zip: GREENACRES FL 33463

Title            OFFICER  
Name            ESTRADA, FABIO  
Address        5814 GYPSUM PLACE  
City-State-Zip: WEST PALM BEACH FL 33413

Title            OFFICER  
Name            GARCIA, ALBERT  
Address        5553 BARNSTEAD CIRCLE  
City-State-Zip: LAKE WORTH FL 33463

Title            OFFICER  
Name            QUINTANILLA, FELICIANO  
Address        4409 THERESA COURT  
City-State-Zip: LAKE WORTH FL 33463

Title            ADMINISTRATOR  
Name            ESCALERA, DEBORA  
Address        5030 STARBLAZE DRIVE  
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**

**01/16/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date