

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003270

**FILED**  
**Apr 26, 2013**  
**Secretary of State**  
**CC2470421307**

**Entity Name:** NEW LIFE AFTER SCHOOL PROGRAM, INC.

**Current Principal Place of Business:**

1080 LABARON DRIVE  
MIAMI SPRINGS, FL 33166

**Current Mailing Address:**

P.O.BOX 660597  
MIAMI, FL 33266-0597 US

**FEI Number: 61-1553613**

**Certificate of Status Desired: No**

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

RIVERO, EDUARDO  
610 RAVEN AVE  
MIAMI SPRINGS, FL 33166 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            PRES  
Name            RIVERO, EDUARDO  
Address        610 RAVEN AVE  
City-State-Zip: MIAMI SPRINGS FL 33166

Title            VP  
Name            RIVERO, MARIA  
Address        610 RAVEN AVE  
City-State-Zip: MIAMI SPRINGS FL 33166

Title            AS  
Name            LEON, HIPOLITO M  
Address        555 E 5TH ST  
City-State-Zip: HIALEAH FL 33013

Title            BM  
Name            PEREZ, GISELLE  
Address        PO BOX 660598  
City-State-Zip: MIAMI FL 33266

Title            BM  
Name            BRICENO, BELKIS  
Address        14713 SW 61 TERR  
City-State-Zip: MIAMI FL 33193

*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: EDUARDO RIVERO**

**PRESIDENT**

**04/26/2013**

Electronic Signature of Signing Officer/Director Detail

Date