

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90117 002 \*3,333.75  
03-29-2005 90117 004 \*\*\*476.25

**DOCUMENT # G72272**

1. Entity Name  
**NEW ENTERPRISE MANAGEMENT, INC.**



Principal Place of Business  
**2 RIDGEDALE AVE.  
STE. 370  
CEDAR KNOLLS, NJ 07927**

Mailing Address  
**2 RIDGEDALE AVE  
STE 370  
CEDAR KNOLLS, NJ 07927**

**66007876**



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2346188</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HERRICK, NORTON  
2295 CORPORATE BLVD., N.W.  
SUITE 222  
BOCA RATON, FL 33431**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST HERRICK, NORTON 2295 CORP. BLVD. #222 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS HOWARD HERRICK 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS MICHAEL HERRICK 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KERMALLI, NISAR 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERRICK, EVAN 2 RIDGEDALE AVE STE 370 CEDAR KNOLLS, NJ 07927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #