
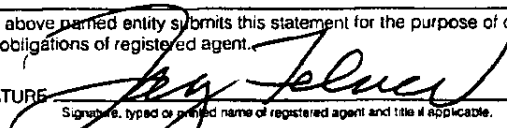
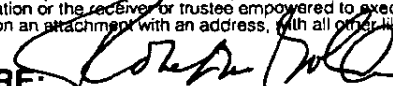


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-20-2004 90018 048 ***150.00

DOCUMENT # P95000020078					
1. Entity Name NEW CENTURY INVESTOR SERVICES, INC.					
Principal Place of Business C/O 4182 LIVE OAK BLVD. DELRAY BEACH FL 33445			Mailing Address C/O 600 CENTRAL AVE. SUITE 365 HIGHLAND PARK IL 60035		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0575689	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applica	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. TALLAHASSEE FL 32301				7. Name and Address of New Registered Agent Name Jay Felner Street Address (P.O. Box Number is Not Acceptable) 4182 Live Oak Boulevard City Delray Beach FL Zip Code 33445	
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 		Jay Felner		3/22/2004	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when remaining)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	SCHWARTZBERG, ALBERT		NAME		
STREET ADDRESS	50 MAIN STREET 4TH FLOOR SUITE 435		STREET ADDRESS	44 South Broadway, Suite 614	
CITY-ST-ZIP	WHITE PLAINS NY 40686		CITY-ST-ZIP	10601	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	GOLDMAN, ROBERT U		NAME		
STREET ADDRESS	600 CENTRAL AVENUE, SUITE 365		STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND PARK IL 60035		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	WAGNER, NATHAN		NAME		
STREET ADDRESS	600 CENTRAL AVENUE, SUITE 365		STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND PARK IL 60035		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	FELNER, JAY		NAME		
STREET ADDRESS	4182 LIVE OAK BLVD.		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL 33445		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Robert U. Goldman		3/22/2004 (847) 432-366	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	