

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000007117

FILED
Apr 26, 2004
Secretary of State

Entity Name: NEW CONTINENT SUPPLIERS, INC.

Current Principal Place of Business:

7855 NW 12TH ST STE 212
MIAMI, FL 33126

New Principal Place of Business:

7925 NW 12TH ST STE 414
MIAMI, FL 33126

Current Mailing Address:

7855 NW 12TH ST STE 212
MIAMI, FL 33126

New Mailing Address:

7925 NW 12TH ST STE 414
MIAMI, FL 33126

FEI Number: 65-0882525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSAS, GUSTAVO M
9143 SW 70 TERR
MIAMI, FL 33173

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROSAS, GUSTAVO M
Address: 9143 SW 70 TERRACE
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: JUGO, OSWALDO
Address: 1541 BRICKELL AVE APT T111
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO M. ROSAS

D

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date