

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V52754

FILED
Apr 13, 2012
Secretary of State

Entity Name: NEWCEN MAINTENANCE, INC.

Current Principal Place of Business:

1601 FORUM PLACE
SUITE 500
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

1601 FORUM PLACE
SUITE 500
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 65-0347874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEROLA, MARY JANE
1601 FORUM PLACE
SUITE 500
WEST PALM BEACH, FL 33401 US

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

OFFICERS AND DIRECTORS:

Title: D
Name: LEVY, H I
Address: 1601 FORUM PLACE - SUITE 500
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DP
Name: LEVY, MARK F
Address: 1601 FORUM PLACE - SUITE 500
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VT
Name: JAIVEN, JACK
Address: 1601 FORUM PLACE - SUITE 500
City-St-Zip: WEST PALM BEACH, FL 33401

Title: V
Name: GLEESON, ANTOINETTE
Address: 1601 FORUM PLACE - SUITE 500
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S
Name: JAGODA, DENISE
Address: 1601 FORUM PLACE - SUITE 500
City-St-Zip: WEST PALM BEACH, FL 33401

Title: V
Name: WELLS, MONICA
Address: 1601 FORUM PLACE - SUITE 500
City-St-Zip: WEST PALM BEACH, FL 33401

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JACK JAIVEN

VT

04/13/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date