

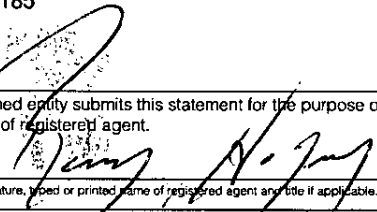
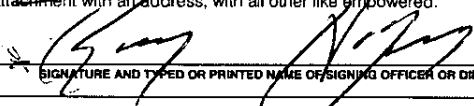


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90008 042 ***150.00

DOCUMENT # P03000041512 1. Entity Name NEW COMERS ENTERPRISES, INC.					
Principal Place of Business 5501 SW 163RD COURT MIAMI, FL 33185				Mailing Address 5501 SW 163RD COURT MIAMI, FL 33185	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 8150 SW 8th Street Suite, Apt. #, etc. 203 City & State MIAMI FL Zip 33144			
4. FEI Number 30-0172683		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HAQUIA, RAMON 5501 SW 163RD COURT MIAMI, FL 33185			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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:  (NOTE: Registered Agent signature required when reinstating) DATE: 5-17-04					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HAQUIA, RAMON 5501 SW 163RD COURT MIAMI, FL 33185 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  DATE: 5-17-04					

NEW COMERS ENTERPRISES, INC.

8150 SW 8TH STREET, SUITE # 203

Miami, Florida 33144-4265

(305) 264-4638

Attachment
44045809

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIOM
PO BOX 6327
TALLAHASSEE FLORIDA 32314-6327

MAY 14, 2004

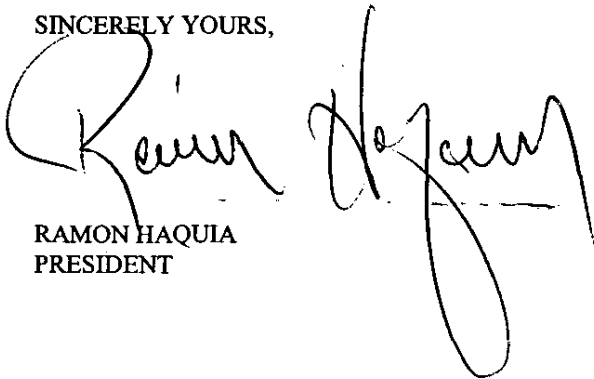
REF: P03000041512

TO WHOM IT MAY CONCERN:

MY APOLOGY FOR NOT CHANGING THE MAILING ADDRESS OF THE CORPORATION. I DID
NOT RECEIVED ANY PREVIOUS NOTICE, I HOPE THAT YOU CAN HELP ME, WAVING THE
PENANLTY FEES OF \$ 400.00

THANK YOU FOR YOUR CONCERN IN THIS MATTER, SORRY FOR THE INCONVENIENCE.

SINCERELY YOURS,



RAMON HAQUIA
PRESIDENT