

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G72272

Entity Name: NEW ENTERPRISE MANAGEMENT, INC.**Current Principal Place of Business:**2 RIDGEDALE AVE.
STE. 370
CEDAR KNOLLS, NJ 07927**Current Mailing Address:**2 RIDGEDALE AVE
STE 370
CEDAR KNOLLS, NJ 07927**FEI Number:** 59-2346188**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HERRICK, NORTON
2295 CORPORATE BLVD., N.W.
SUITE 222
BOCA RATON, FL 33431 US*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**Officer/Director Detail :**

Title	PDST
Name	HERRICK, NORTON
Address	2295 CORP. BLVD. #222
City-State-Zip:	BOCA RATON FL 33431
Title	VPAS
Name	MICHAEL HERRICK
Address	2 RIDGEDALE AVE STE 370
City-State-Zip:	CEDAR KNOLLS NJ 07927
Title	VP
Name	HERRICK, EVAN
Address	2 RIDGEDALE AVE STE 370
City-State-Zip:	CEDAR KNOLLS NJ 07927

Title	VPAS
Name	HOWARD HERRICK
Address	2 RIDGEDALE AVE STE 370
City-State-Zip:	CEDAR KNOLLS NJ 07927
Title	C
Name	MAFFEI, TONY
Address	2 RIDGEDALE AVE STE 370
City-State-Zip:	CEDAR KNOLLS NJ 07927

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: TONY MAFFEI**CONTROLLER****01/24/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date