


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 203450 1. Entity Name NEW-LEN SPECIALTY CO	
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Principal Place of Business 19081 N E 3RD CT MIAMI, FL 33179 US	Mailing Address 19081 N E 3RD CT MIAMI, FL 33179 US
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DO NOT WRITE IN THIS SPACE



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0833359

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENE, HELEN
19081 NE 3RD CT.
MIAMI, FL 33179

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IN THIS SPACE**

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 reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	GREENE, MICHELLE
STREET ADDRESS	19081 N E 3RD COURT
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	GREENE, MICHAEL S
STREET ADDRESS	19081 N E 3RD COURT
CITY-ST-ZIP	MIAMI, FL
TITLE	PD
NAME	GREENE, HELEN
STREET ADDRESS	19081 N E 3RD COURT
CITY-ST-ZIP	MIAMI, FL
TITLE	T
NAME	GREENE, NEWTON
STREET ADDRESS	19081 NE 3RD COURT
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/03/06-80087-024 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ **02/15/06 (305) 651-5237**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #