

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 05, 2005 08:00 AM
Secretary of State**DOCUMENT # 368852**

1. Entity Name

NEWMAN-GREENSTEIN REAL ESTATE CO., INC.



Principal Place of Business

7700 N. KENDALL DR.
SUITE 508B
MIAMI, FL 33156 US

Mailing Address

7700 N. KENDALL DR.
SUITE 508B
MIAMI, FL 33156 US

06302005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1303700

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

NEWMAN, JEROME
8511 VIA ROMANATTI
BOCA RATON, FL 33496**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**U00000370769
07/05/05-80030-014 558.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GREENSTEIN, SIDNEY
STREET ADDRESS	5131 S.W. 87TH AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	ST
NAME	NEWMAN, JEROME
STREET ADDRESS	8511 VIA ROMANA #1
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	D
NAME	NEWMAN, JEROME
STREET ADDRESS	8511 VIA ROMANA #1
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone