2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

1. Entity Name

NEW YORKERS ANONYMOUS, INC.



Principal Place of Business

C/O DAVID WEISS

1541 BRICKELL AVENUE, SUITE 3405 MIAMI, FL 33129 US Mailing Address

C/O DAVID WEISS

1541 BRICKELL AVENUE, SUITE 3405

MIAMI, FL 33129 US



01182007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1636240

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

WEISS, DAVID 1541 BRICKELL AVENUE SUITE 3405 MIAMI EL 33129

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33129		111	INIO SPACE
8. The above named entity submits this statement for the obligations of registered agent.	he purpose of changing its register	ed office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if appecable. (NOTE: Registere		t Agent signature required when reinstating) DATE	
FiLE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	
10. OFFICERS AND D	IRECTORS		
NAME WEISS, DAVID I. STREFT ADDRESS CITY-ST-ZIP MIAMI, FL	3405		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000599924 01/25/07-80047-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-2IP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-S1-ZIP		IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-S1-ZIP			
TITLE : NAME STREET ADDRESS CITY-ST-ZIP			A CONTRACTOR OF THE CONTRACTOR
12. I hereby certify that the information supplied with the	nis filing does not qualify for the exe	emptions contained in Chapter 119	P. Florida Statutes. I further certify that the information

12. I nereby certify that the information supplied with this filling 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

OVIA WETS President

1/22/07 (305) 854-711

Davtime Phone #