


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000000735</b>	
1. Entity Name NEWPORT SALES, INC.	

<i>Principal Place of Business</i> PO BOX 58 ONE NEWPORT PLAZA FREEPORT, NY 11520	<i>Mailing Address</i> PO BOX 58 ONE NEWPORT PLAZA FREEPORT, NY 11520
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**DO NOT WRITE IN THIS SPACE**



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-2636504	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, CARL M  
 4747 COLLINS AVE., #615  
 MIAMI BEACH, FL

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000064818  
 02/25/04-80010-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLEIN, CARL M ONE HEATHER LANE LAWRENCE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPITZ, MARILYN 377 FOREST AVENUE WOODMERE, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 or Block 11 if changed, or as an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR