

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G72272

FILED  
Feb 07, 2012  
Secretary of State

**Entity Name:** NEW ENTERPRISE MANAGEMENT, INC.

**Current Principal Place of Business:**

2 RIDGEDALE AVE.  
STE. 370  
CEDAR KNOLLS, NJ 07927

**New Principal Place of Business:**

**Current Mailing Address:**

2 RIDGEDALE AVE  
STE 370  
CEDAR KNOLLS, NJ 07927

**New Mailing Address:**

**FEI Number:** 59-2346188      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HERRICK, NORTON  
2295 CORPORATE BLVD., N.W.  
SUITE 222  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PDST  
Name: HERRICK, NORTON  
Address: 2295 CORP. BLVD. #222  
City-St-Zip: BOCA RATON, FL 33431

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

Title: VPAS  
Name: MICHAEL HERRICK  
Address: 2 RIDGEDALE AVE STE 370  
City-St-Zip: CEDAR KNOLLS, NJ 07927

Title: C  
Name: KERMALLI, NISAR  
Address: 2 RIDGEDALE AVE STE 370  
City-St-Zip: CEDAR KNOLLS, NJ 07927

Title: VP  
Name: HERRICK, EVAN  
Address: 2 RIDGEDALE AVE STE 370  
City-St-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: NISAR KERMALLI

CON

02/07/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date