

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90014 024 ***150.00

DOCUMENT # M95841

1. Entity Name
NEW EXCALIBUR, INC.



Principal Place of Business

**1428 BRICKELL AVE
STE 105
MIAMI, FL 33131 US**

Mailing Address

**1428 BRICKELL AVE
STE 105
MIAMI, FL 33131 US**

40007762



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0074774

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HALPRYN ERNEST M
1428 BRICKELL AVE, STE 105
MIAMI, FL 33131**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE AS
NAME WEISBERG, ALAN JAY
STREET ADDRESS 1428 BRICKELL AVE, STE 105
CITY-ST-ZIP MIAMI, FL

TITLE PD
NAME HALPRYN, ERNEST M.
STREET ADDRESS 1428 BRICKELL AVE, STE 105
CITY-ST-ZIP MIAMI, FL

TITLE TD
NAME LABIANCA, PHILLIP
STREET ADDRESS 1428 BRICKELL AVE, STE 105
CITY-ST-ZIP MIAMI, FL

TITLE VPD
NAME HALPRYN, GLENN L
STREET ADDRESS 1428 BRICKELL AVE, STE 105
CITY-ST-ZIP MIAMI, FL 331313409

TITLE SVP
NAME HOERNER, JUDITH
STREET ADDRESS 1428 BRICKELL AVE. #105
CITY-ST-ZIP MIAMI, FL 33131

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)(i), 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: _____

Judith A. Hoerner, SVP

01/12/05

(305) 371-4112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #