


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # P0000004995
 1. Entity Name
 NEWPORT OPERATING MANAGEMENT CORP.



Principal Place of Business 3850 HOLLYWOOD BOULEVARD SUITE 400 HOLLYWOOD, FL 33021	Mailing Address 3850 HOLLYWOOD BOULEVARD SUITE 400 HOLLYWOOD, FL 33021
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DO NOT WRITE IN THIS SPACE



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0990518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORNFELD, ROBERT M
 3850 HOLLYWOOD BLVD.
 SUITE 400
 HOLLYWOOD, FL 33021

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CORNFELD, ROBERT M 3850 HOLLYWOOD BOULEVARD SUITE 400 HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORNFELD, JEFFREY D 3850 HOLLYWOOD BLVD,P # 400 HOLLYWOOD, FL 33021
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04/30/07-80057-015 150.00

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12. I hereby certify that the information supplied with this filing 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 807, 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:  3/19/07 (954) 989-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Robert M Cornfeld

Date
 D daytime Phone #