

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P00000010460

1. Entity Name
NEWPORT GRAND INVESTMENTS, INC.



Principal Place of Business

470 COLUMBIA DRIVE, SUITE D-201
WEST PALM BEACH, FL 33409

Mailing Address

470 COLUMBIA DRIVE, SUITE D-201
WEST PALM BEACH, FL 33409



02132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0502761

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREBOOM, DOUGLASS E
470 COLUMBIA DRIVE, SUITE D-201
WEST PALM BEACH, FL 33409

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PD SILVESTER, RENEE T 529 S. FLAGLER DR., APT. 6-E WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SILVESTER, ARTHUR W JR 8 OLIVER HAZARD PERRY ROAD PORTSMOUTH, RI 02871
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HURLEY, DIANE 827 EAST MAIN ROAD JAMESTOWN, RI 02835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURLEY, KIMBERLY 9 MOUNT VERNON SQUARE BOSTON, MA 02108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURLEY, STEPHEN NAXH 5600 ALPINE ROAD PORTOLA, CA 94028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000884575
04/17/08-80049-012 150.00

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IN THIS SPACE**

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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____