

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-12-2004 90262 027 ***100.00
04-26-2004 90426 046 ****50.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000058171					
1. Entity Name NEW HORIZONS' VALET INC.					
Principal Place of Business 3701 CLEVELAND ST. HOLLYWOOD, FL 33021			Mailing Address 3701 CLEVELAND ST. HOLLYWOOD, FL 33021		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-1020847				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIRONNO, ROBERT 3701 CLEVELAND ST. HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____					
9. Election Campaign Financing ☐ \$5:00 May Be Added to Fees					
FILE NOW!!! FEE IS \$180.00 After May 1, 2004 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CHIRONNO, ROBERT		NAME		
STREET ADDRESS	3701 CLEVELAND ST.		STREET ADDRESS		
CITY- ST- ZIP	HOLLYWOOD, FL 33021		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CHIRONNO, ARLYNE H		NAME		
STREET ADDRESS	3701 CLEVELAND ST.		STREET ADDRESS		
CITY- ST- ZIP	HOLLYWOOD, FL 33021		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: <u>Robert Chironno</u>			4/4/04 954/987/9920		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		