2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 12, 2004 8:00 am Secretary of State DOCUMENT # P00000059241 1. Entity Name 04-12-2004 90276 025 \*\*\*150.00 NEWHOUSE INTERNATIONAL MANAGEMENT SERVICES. INC. Principal Place of Business Mailing Address 300 THREE ISLANDS BLVD 300 THREE ISLANDS BLVD SUITE 101 SUITE 101 HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 7145 North BAV CR2E034 (11/03) Applied For 4. FEI Number 65-1014860 Not Applicable 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOPSON, JOHN E 7300 W. CAMINO REAL, #126 **BOCA RATON FL 33433** 8. The above named epithy 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PST Change Delete TITLE ☐ Addition TITLE CASANOVA, PAOLO CASANOVA, PAOLO NAME NAME 17/45 North Bay Road #4412 300 THREE ISLANDS BLVD #101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP SUNNY ISLES BEACH TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE MARKE 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 Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 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 eath; 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 of the corporation or the receiver or tre changed, or on an attachment with a

th all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: