## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 16, 2007 8:00 am Secretary of State DOCUMENT # P00000059241 1. Entity Name 02-16-2007 90043 041 \*\*\*150.00 NEWHOUSE INTERNATIONAL MANAGEMENT SERVICES. INC. Principal Place of Business Mailing Address 17125 NORTH BAY RD 17125 NORTH BAY RD 3501 NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 17125 Nonth Bay Rd 17125 YORTH BAY Rd Suite, Apt. #, etc. Suite, Apt. #, atc 1st MOORE CR2E034 (10/06) 344 3414 4. FEI Number City & State City & State Applied For 65-1014860 SUNNY ISles boh, FC Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CASANOUA. CASANOVA, PAOLA 17125 NORTH BAY RD Street Address (P.O. Box Number is Not Acceptable) 3501 SUNNY ISLES BEACH FL 33160 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 Feb 914, 2007 opulous. SIGNATURE nted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete 11111 Change ☐ Addition CASANOVA, PAOLO CASANOVA, PAOLO NAME NAME 17125 North Bay Rd, STE 3111 17125 NORTH BAY RD, STE 3501 STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 33160 CHY-SI-ZIP CITY-ST-ZIP THE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP THU Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-79P CITY-ST-7IP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change Addition NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, if 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.

SIGNING OFFICER OR DIRECTOR

FILED

Feb. 9th, 2007 305-5821601