

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-26-2004 90005 032 ***150.00

DOCUMENT # P00000102256

1. Entity Name
NEW C.S. CORP.



Principal Place of Business

**3475 N COUNTRY CLUB DR. #318
AVENTURA, FL 33180**

Mailing Address

**3475 N COUNTRY CLUB DR. #318
AVENTURA, FL 33180**

2. Principal Place of Business

1079 NE 204 TERR

3. Mailing Address

1079 NE 204 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33179

Country

USA

Zip

33179

Country

USA

07122004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1086866

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CANTON, MARIA S
3475 N COUNTRY CLUB DR. #318
AVENTURA, FL 33180**

1079 NE 204 TERR MIAMI FL 33179

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
NAME **SOLEDAD CANTON, MARIA**
STREET ADDRESS **18764 818 CAYNE BLVD 1079 NE 204 TERR**
CITY-ST-ZIP **AVENTURA, FL 33180 MIAMI FL 33179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Change ☐ Addition
NAME **SOLEDAD CANTON MARIA.**
STREET ADDRESS **1079 NE 204 TERR**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

CARLOS SOMMERFELD B. MANAGER

6-28-04-

305.934.9352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment 54064869
#P00000102256

New C.S. Corp.

1079 N.E. 204 Terr

Miami, Fl 33179

Tel: 305-934-9362 / 450-9122

July 20, 2004

Florida Department of State

To whom it may concern:

Please find attached a check for \$ 150.00 that applies to the payment for the period 2004 which should have been sent before but the office changed the address and we didn't receive the first notification.

For further information please contact us to 305-934-9362 .

Regards



Maria S. Canton
President