

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000002547

1. Entity Name  
NEWGONE, INC.



FILED

04 MAY -3 PM 5:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2665 S BAYSHORE DRIVE  
SUITE 703  
MIAMI, FL 33133

Mailing Address  
2631 E OAKLAND PARK BLVD, STE 101  
FT LAUDERDALE, FL 33306

2. Principal Place of Business

3. Mailing Address

2665 S. Bayshore Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Suite 703

04052004

Chg-P

CR2E034 (10/03)

City & State

City & State

Miami, Florida

4. FEI Number

65-1067331

Applied For

Not Applicable

Zip

Country

Zip

33133

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORLD CORPORATE SERVICES, INC.  
2665 S BAYSHORE DR, STE 703  
MIAMI, FL 33133

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 \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☐ Delete  
NAME BAILACH, HUMBERTO F  
STREET ADDRESS 2665 S BAYSHORE DRIVE, SUITE 703  
CITY-ST-ZIP MIAMI, FL 33133

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

TITLE DVS ☐ Delete  
NAME BAILACH, MONICA  
STREET ADDRESS 2665 S BAYSHORE DRIVE, SUITE 703  
CITY-ST-ZIP MIAMI, FL 33133

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

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: Humberto F. Bailach

4/6/04 (305) 858-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #