## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0100002547  1. Entity Name NEWGONE, INC.							FILED 05 MAY -4 PM 12: 56			
Principal Place of Business			Mailing Address	Mailing Address			SEURETARY OF STATE TALLAHASSEE, FLORIDA			
2665 S BAYSHORE DRIVE SUITE 703				2665 S BAYSHORE DRIVE			TALLAHASSEE, FI	LUNIUH		
MIAMI, FL 33133			SUITE 703 Miami. Fl 33133	MIAMI, FL 33133						
			·							
2. Principal Place of Business			3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04222005 Chg-P CR2E	034 (10/03)		
City & State			City & State	City & State			4. FEI Number 65-1067331	<del></del>	oplied For ot Applicable	
Zip Country		Zip Coun		trv		5. Certificate of Status Desired	\$8.75 Add	ditional		
	6. Name	and Address of Curren	t Registered Agent	I	1		7. Name and Address of New Registered		xu ,	
MODI D.C	WORLD CORPORATE SERVICES, INC.					Name				
2665 S BA MIAMI, FL	YSHORE	DR, STE 703	<b>,</b> .			Street Address (P.O. Box Number is Not Acceptable)				
					City		FI	Zip Cod	e	
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, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution.   Added to Fees										
10.	DPT	OFFICERS AND	<del>.</del>	11.	-		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE DPT Delete TITLE  NAME BAILACH, HUMBERTO F								☐ Change	☐ Addition	
STREET ADDRESS 2665 S BAYSHORE DRIVE, SUITE 703 STRE					EET ADDRESS Y-ST-ZIP					
TITLE	BAILACH, MONICA							☐ Change	☐ Addition	
NAME Street address										
CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP					
TITLE	Delete TITLE							☐ Change	☐ Addition	
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CITY-ST-ZIP							400054529 05/13/0501066017	**982.	.50	
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CITY-ST-ZIP				СПУ	r-ST-ZIP		τ 5			
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name Street address				NAM Stri	RE EET ADDRESS					
CITY-ST-ZIP					r-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 of the receiver of rustee empowered to execute this report as required by Chapter 607, Horida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with prandifies with all attachable empowered.										
SIGNATURE: 4/29/05 (305) 858-9900										
SIGNATURE AND TYPED OR PRINTED MARKE OF SIGNING OFFICER OR DIRECTOR Date Deptime Phone #										