## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000056484

Address:

City-St-Zip:

2377 PINEWOOD CIR

NAPLES.

FILED Apr 25, 2004 Secretary of State

Entity Name: NEWCO OF NAPLES, INC. **Current Principal Place of Business: New Principal Place of Business:** 2472 CLIPPER WAY NAPLES, FL 34104 **Current Mailing Address: New Mailing Address:** 2472 CLIPPER WAY NAPLES, FL 34104 FEI Number: 01-0553600 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BERLIT CORPORATE SERVICES, INC. GUILLERMO L. RICCIARDI 848 BRICKELL AVE STE 200 2472 CLIPPER WAY US MIAMI, FL 33131 NAPLES, FL 34104 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. SIGNATURE: GUILLERMO L. RICCIARDI 04/25/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition TABOADA, ORLANDO Name: Name: **RODRIGUEZ PENA 826** Address: Address: City-St-Zip: MAR DEL PLATA 7600 ARGENTINA, OC City-St-Zip: Title: Title: () Delete () Change () Addition TABOADA, ADALESIO Name: Name: **RODRIGUEZ PENA 826** Address: Address: MAR DEL PLATA 7600 ARGENTINA, OC City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition RICCIARDI, GUILLERMO Name: Name: 2472 CLYPPER WAY Address: Address: City-St-Zip: NAPLES, City-St-Zip: Title: (X) Delete Title: () Change () Addition SCHULTZ, ALFRED Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: GUILLERMO L. RICCIARDI D 04/25/2004