

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000085446

**FILED**  
**Apr 30, 2005**  
**Secretary of State**

**Entity Name:** NEW CONCEPT MARKETING & CONSULTING SERVICE, INC.

**Current Principal Place of Business:**

9301 NE 6TH AVE, SUITE C-303  
MIAMI, FL 33138

**New Principal Place of Business:**

9301 NE 6TH AVE, SUITE C-303  
MIAMI SHORES, FL 33138

**Current Mailing Address:**

9301 NE 6TH AVE, SUITE C-303  
MIAMI, FL 33138

**New Mailing Address:**

9301 NE 6TH AVE, SUITE C-303  
MIAMI SHORES, FL 33138

**FEI Number:** 65-1145097

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OKON, ANTOINETTE  
9301 NE 6TH AVE, SUITE C-303  
MIAMI, FL 33138 US

**Name and Address of New Registered Agent:**

OKON, ANTOINETTE  
9301 NE 6TH AVE, SUITE C-303  
MIAMI SHORES, FL 33138 US

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: ANTOINETTE OKON

04/30/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OKON, ANTOINETTE  
Address: 9301 NE 6TH AVE, SUITE C-303  
City-St-Zip: MIAMI, FL 33138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: OKON, ANTOINETTE  
Address: 9301 NE 6TH AVE, SUITE C-303  
City-St-Zip: MIAMI SHORES, FL 33138

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.

SIGNATURE: ANTOINETTE OKON

PRES

04/30/2005

Electronic Signature of Signing Officer or Director

Date