

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90078 044 ***150.00

DOCUMENT # P01000096803 1. Entity Name FLORIDA NEW AGE CORPORATION			
Principal Place of Business 15802 NW 14 MANOR PEMBROKE PINES, FL 33028		Mailing Address 15802 NW 14 MANOR PEMBROKE PINES, FL 33028	
2. Principal Place of Business 3052 University Pkwy Suite, Apt. #, etc.		3. Mailing Address 3052 University Pkwy Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34243 Country		Zip 34243 Country	
6. Name and Address of Current Registered Agent MACINTER CORPORATION 15802 NW 14 MANOR PEMBROKE PINES, FL 33028		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURCI, MIGUEL A 5440 NORTH STATE ROAD 7 SUITE 218 FORT LAUDERDALE, FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURCI, MIGUEL A 3052 University Pkwy Sarasota, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CURCI, JUAN CARLOS 5440 NORTH STATE ROAD 7 SUITE 218 FORT LAUDERDALE, FL 33319	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CURCI, JUAN CARLOS 3052 University Pkwy Sarasota, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		01-27-06 941-3515310 <small>Date Daytime Phone #</small>	