

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90419 036 ***150.00

DOCUMENT # P01000112538	
1. Entity Name NEWELL'S, CORP.	
2655 Le Jeune Rd Ste326 Coral Gables, FL 33134	
Principal Place of Business 9781 EAST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154	Mailing Address 2742 BISCAYNE BLVD MIAMI, FL 33137



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1155595	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
GRISALES-RACINI, OSCAR 999 BRICKELL AVENUE, SUITE 700 MIAMI, FL 33131	Jacqueline F Rodriguez 2655 Le Jeune Rd Ste326 Coral Gables, FL 33134
DO NOT WRITE IN THIS SPACE	

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: Jacqueline F Rodriguez 4/30/04 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'AMATO, JOSE LUIS 1001 BRICKELL BAY DR # 2600 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TEMPONE, LIDIA LUJAN 1001 BRICKELL BAY DR # 2600 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD D'AMATO, ROBERTO 1001 BRICKELL BAY DR # 2600 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD D'AMATO, LIDIA LUJAN 1001 BRICKELL BAY DR # 2600 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE	

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: Jacqueline F Rodriguez (POA) 305 350 0725 4/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone