## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P0200000145

Entity Name: NEWBRIDGE FINANCIAL SERVICES GROUP, INC.

FILED Apr 27, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
1451 W. C	YPRESS CRE	EK ROAD		
204		2000		
FT. LAUD	ERDALE, FL 3	33309		
Current Mailing Address:			New Mailing Address:	
1451 W. CYPRESS CREEK ROAD				
204 FT. LAUD	ERDALE, FL 3	33309		
FEI Number	: 26-0000441	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:	
1451 W. C 204 FT. LAUDI	RT, GREGG JI CYPRESS CRE ERDALE, FL S	EK ROAD 33309	purpose of changing its registers	ed office or registered agent, or both,
	e of Florida.	submitted time etatement for the	parpose of changing he regioner	sa emee er regioterea agent, er betil,
SIGNATUI	RE:			
	Electror	nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	NOSEL, ROBE	ESS CREEK ROAD, SUITE 204	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	GIBSON, PHILI	ESS CREEK ROAD, SUITE 204	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	AMICO, GUY S	ESS CREEK ROAD, SUITE 204	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	GOLDSTEIN, S	ESS CREEK ROAD, SUITE 204	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition

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: GUY S. AMICO D 04/27/2004