


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90010 031 \*\*\*150.00

<b>DOCUMENT # P02000001253</b>	
1. Entity Name <b>NEW HORIZON ADVERTISING, CORP.</b>	

Principal Place of Business <b>15065 S.W. 49TH LANE SUITE F MIAMI FL 33185</b>	Mailing Address <b>1150 NW 72ND RD., SUITE 555 MIAMI FL 33126</b>
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2. Principal Place of Business	3. Mailing Address <i>15065 S.W. 49 Lane</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>Suite F</i>
City & State	City & State <i>MIAMI FL</i>
Zip	Country <i>DADE</i>



MOORE CR2E034 (11/03)

4. FEI Number <b>60-0002344</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FORTUNO, JOSE 15065 S.W. 49TH LANE SUITE F MIAMI FL 33185</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORTUNO, JOSE</b>	NAME	
STREET ADDRESS	<b>15065 S.W. 49TH LANE SUITE F</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33185</b>	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANITO, LILLIAM</b>	NAME	
STREET ADDRESS	<b>15065 S.W. 49TH LANE SUITE F</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33185</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  *Jose Fortuno* *2/22/04* *305-994-1532*

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone #