

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000023315

1. Entity Name
NEW DAWN FINANCIAL SERVICES INC.



Principal Place of Business
2150 S. PALMETTO AVENUE #16
SOUTH DAYTONA, FL 32119

Mailing Address
2150 S. PALMETTO AVENUE #16
SOUTH DAYTONA, FL 32119

FILED
May 02, 2005 08:00 AM
Secretary of State



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0619460 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

QUIONQUION, JEAN-LUC
2150 S. PALMETTO AVENUE #16
SOUTH DAYTONA, FL 32119

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	QUIONQUION, JEAN-LUC PRES
STREET ADDRESS	2150 S. PALMETTO AVE, #16
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119
TITLE	SEC
NAME	QUIONQUION, FELICIA F SEC
STREET ADDRESS	2150 S. PALMETTO AVE, #16
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119
TITLE	TRES
NAME	QUIONQUION, JEAN-LUC TRES
STREET ADDRESS	2150 S. PALMETTO AVE #16
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/05-80031-002 158.75

**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)(f), 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 an other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/05 386-761-4029
Date Daytime Phone #