2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2004 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P02000040084 1. Entity Name NEWCENTURY TECHNOLOGY SOLUTIONS, INC.				04-09-200)4 90080	007 ***1	150.00		
Principal Place of Business Mailing Address				1	44095	2003			
8757 NW 35 LN	2630 NW 203RD ST				44025	1633			
STE 5	STE 106			1					
MIAMI, FL 33132 AVENTURA, FL 33180						 	HE BEID IEM DIE	(CE) N (EE)	
Principal Place of Business 3. Mailing Address 8757NW 356		5 L	W						
Suite, Apt. #, etc.	Suite, Apt. #, etc. 5T-6-5		04072004	Chg-P	CR2E0	34 (10/03)			
City & State	City & State Miami +C		,	4. FEI Numbe 32-0009				plied For t Applicable	
Zip Country	3313Z	Country	^у С	1	of Status Desired		\$8.75 Add	litional	
6. Name and Address of Current F		<u>u</u>		7. Name and	Address of New F		Fee Required	<u> </u>	
Name = \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						٠ ،	-yein		
MILLENNIA CONSULTING SERVICES, INC. 2630 NE 203 ST SUITE 106- AVENTURA, FL 32189			Street Address (P.O. Box Number is Not Acceptable)						
			875	NW. 5	35 LW	STE	5		
,			City M	lomi		FL	Zig Cod	732-	
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 accompanies the state of Florida and familiar with and accompanies the state of Florida and familiar with and accompanies the state of Florida and familiar with and accompanies the state of Florida and familiar with a state of Florida and Florida							and accept		
the obligations of registered agent.	6			•	1:-7	-04			
SIGNATURE					4 /	20/			
Signature, typed or punted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstituting) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contr	~	cing \$	5.00 May Be ided to Fees				•	
10. OFFICERS AND	DIRECTORS	11,		ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
THILE PD							☐ Change	Addition	
NAME MENDES, EDSON A STREET ADDRESS 8757 NW 35 LN #5	· · · · · · · · · · · · · · · · · · ·		T ADDRESS						
CITY-ST-ZIP MIAMI, FL 33172			ST- 71P						
TITLE	Defete TITL						Change	☐ Addition	
NAME	NA								
STREET ADDRESS CITY-ST-ZIP			T ADDRESS ST-21P						
TITLE	☐ Delete TITL						☐ Change	☐ Addition	
NAME	Loricite IIII								
STREET ADDRESS			T ADDRESS						
;CITY-SI-ZIP			ST-ZIP						
TITLE NAME	☐ Delete	TITLE NAME	1				☐ Change	Addition	
STREET ADDRESS		•	T ADDRESS						
CITY-ST-ZIP		CITY-	ST-23P						
TITLE	Delete ·	TITLE					Change	Addition	
NAME CAUSES ADDRESS		NAME	T ADDRESS						
STREET ADDRESS 1 CITY-ST-ZIP			ST-ZIP						
TITLE	☐ Delete	TITLE	-				☐ Change	☐ Addition	
NAME		NAME							
STREET ADDRESS		•	T ADDRESS						
CITY-ST-ZIP	Marie Marie and a second of		ST-ZIP	D 145 07/5\	A Clasida Ca-sus-	I touris c -	esika shari shari t	nformation	
12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empth changed, or on an attachment with an address, it	this tiling does not qualify for true and accurate and that nowered to execute this report with all other like empowered.	r the exen my signatu : as require	ription stated in t ure shall have thi ed by Chapter 6	section : 19.07(3)(e same legal effec :07, Florida Statute	i), Florida Statutes, t as if made under s; and that my nar	,	am an officer in Block 10 o	or director r Block 11 if	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR