

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000075441

1. Entity Name
NEXTFRONTIERS & ASSOCIATES, INC.



Principal Place of Business
500 GULFSTREAM BLVD.
SUITE 106-108
DELRAY BEACH, FL 33483

Mailing Address
C/O EDWARD P. PHILLIPS, ESQ.
980 N. FEDERAL HWY., STE 434
BOCA RATON, FL 33432



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0553970

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLACHER, STEPHAN
500 GULFSTREAM BLVD.
STE 106-108
DELRAY BEACH, FL 33483

**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 _____ 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. ☐ \$5.00 May Be
Added to Fees

U000000144066
04/30/04-80117-007 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME BLACHER, STEPHAN
STREET ADDRESS 500 GULFSTREAM BLVD., STE 106-108
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE D
NAME BROWN, JOSEPH
STREET ADDRESS 60 INDIAN PALM POINT
CITY-ST-ZIP MARSTONS MILLS, MA 02648

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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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 all other like empowered.

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

4-28-04

Date

Daytime Phone #