


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000132580 1. Entity Name NEW CONCEPT VIDEO TWO, INC.	
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Principal Place of Business 1671 MERIDIAN AVE. MIAMI BEACH, FL 33139	Mailing Address 1671 MERIDIAN AVE. MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE

03152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3764420	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SEHRES, DAN
1671 MERIDIAN AVE.
MIAMI BEACH, FL 33139

**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

U000000325729
04/23/05-80028-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SEHRES, DAN
STREET ADDRESS	1671 MERIDIAN AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33139

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL SEHRES

Date

Daytime Phone #

4-20-05 305-674-9665