2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 14, 2004 8:00 am Secretary of State **DOCUMENT # P03000012586** 03-29-2004 90053 001 ***150 00 1. Entity Name NEW CENTURY REALTY, INC. Principal Place of Business Mailing Address 1100 S. FEDERAL HIGHWAY BOYNTON BEACH FL 33435 66411574 1100 S. FEDERAL HIGHWAY BOYNTON BEACH FL 33435 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For -0444711 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOLF: JARROD -1-100 S-FEDERAL-HIGHWAY-Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33435** City 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 cistered agent the obligations of SIGNATURE (NOTE, Registered Agent signature required when roust# FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State - OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE Delete TTRLE Change -Addition WOLF, JARROD NAME NAME STREET ADDRESS 1100 S. FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33435** CITY-ST-7IP Oelete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TATA F ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change -Addition = = TITLE Delete MILE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE --- Change -- Addition TITLE 3 50 NAME NAME . . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-779 -12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true any 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 together empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607 or an attachment with any address, writingly other like empowered. SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED