

Jan 25 06 10:11a

cesar rincon

3

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90037 026 ***150.00

DOCUMENT # P03000016592

1. Entity Name

NEW DIMENSIONS ENTERPRISES, INC.



Principal Place of Business

**9320 FOUNTAINEBLEAU BLVD #215
MIAMI FL 33172**

Mailing Address

**9320 FOUNTAINEBLEAU BLVD #215
MIAMI FL 33172**

60016051



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

51-0446311

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RINCON, CESOY
9320 FOUNTAINEBLEAU BLVD #215
MIAMI FL 33172**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

RINCON, CESAR J

9320 FOUNTAINEBLEAU BLVD #215

MIAMI FL 33172

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Date

Do Not Print

ATTACHMENT

60016051

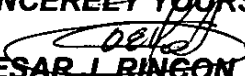
TO WHOM IT MAY CONCERN:

#PO3000016592

NEW DIMENSIONS ENTERPRISES. INC , HAVE A NEW ADDRESS

PO.BOX 1152 LEHIGH ACRES,FLORIDA.33970

SINCERELY YOURS


CESAR J. RINCON

PRESIDENT.

2/2/2006