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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

60016051

1. Entity Name

NEW DIMENSIONS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
9320 FOUNTAINEBLEAU BLVD #215 MIAMI FL 33172	9320 FOUNTAINEBLEAU BLVD #215 MIAMI FL 33172

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0446311 ☐ Applied For ☐ Not Applicable

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 _____ 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, 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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RINCON, CESAR J		NAME	
STREET ADDRESS	9320 FOUNTAINEBLEAU BLVD #215		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP	
TITLE				
NAME				
STREET ADDRESS		☐ Delete	TITLE	☐ Change ☐ Addition
CITY-ST-ZIP			NAME	
			STREET ADDRESS	
			CITY-ST-ZIP	
TITLE				
NAME				
STREET ADDRESS		☐ Delete	TITLE	☐ Change ☐ Addition
CITY-ST-ZIP			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: _____ 1.26/06.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

600016051

TO WHOM IT MAY CONCERN: #P03000016592

NEW DIMENSIONS ENTERPRISES. INC , HAVE A NEW ADDRESS

PO.BOX 1152 LEHIGH ACRES,FLORIDA.33970

SINCERELY YOURS

CESAR J. RINCON

PRESIDENT. ***2/2/2006***