
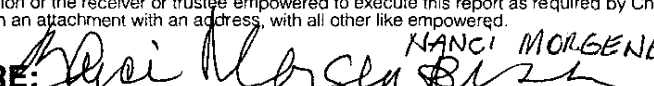


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90006 025 ***150.00

| | | | |
|---|--|--|---|
| DOCUMENT # P03000031673 | |  | |
| 1. Entity Name NEW START 4 WOMEN, INC | | | |
| Principal Place of Business 6810 N.W. 28TH PLACE MARGATE FL 33063 | | Mailing Address 6810 N.W. 28TH PLACE MARGATE FL 33063 | |
| 2. Principal Place of Business 4341 NE 16th Ave | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Pompano Beach, FL. | | City & State | |
| Zip 33064 | Country USA | Zip | Country |
| 6. Name and Address of Current Registered Agent MORGANBESSER, Nanci 6810 N.W. 28TH PLACE MARGATE FL 33063 | | 7. Name and Address of New Registered Agent | |
| | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D MORGANBESSER, Nanci 6810 N.W. 28TH PLACE MARGATE FL 33063 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | M MORGENBESSER, LEONARD 6810 N.W. 28th PL. MARGATE, FL. 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  | | Nanci MORGENBESSER 1/22/04 984 346 6833 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |