


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000042020**  
 1. Entity Name  
**NEWSOL LAND CORP.**



Principal Place of Business      Mailing Address  
**14800 SW 136TH STREET**      **14800 SW 136TH STREET**  
**MIAMI, FL 33196**      **MIAMI, FL 33196**

**DO NOT WRITE IN THIS SPACE**



04132005    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**16-1666255**

App'd For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BLAXBERG, IAN B ESQ.**  
**25 SE SECOND AVENUE**  
**SUITE 730**  
**MIAMI, FL 33131**

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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 \_\_\_\_\_

**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

10. OFFICERS AND DIRECTORS

TITLE P	NAME SOLTZ, HOWARD	STREET ADDRESS 14260 SW 136TH STREET, UNIT 9	CITY ST ZIP MIAMI, FL 33186
TITLE VP	NAME NEWMAN, RONALD B	STREET ADDRESS 14260 SW 136TH STREET, UNIT 9	CITY ST ZIP MIAMI, FL 33186
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP

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 04/15/05-80020-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 my address, with authority empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR