

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90106 025 \*\*\*150.00

<b>DOCUMENT # P03000088410</b> 1. Entity Name <b>NEW HORIZON PARTNERS, INC.</b>			
Principal Place of Business <b>201 ALHAMBRA CIRCLE, #502</b> <b>CORAL GABLES, FL 33134</b>		Mailing Address <b>201 ALHAMBRA CIRCLE, #502</b> <b>CORAL GABLES, FL 33134</b>	
2. Principal Place of Business <b>201 Alhambra Circle</b> Suite, Apt. #, etc. <b>Ste 502</b> City & State <b>Coral Gables, FL</b> Zip <b>33134</b>		3. Mailing Address <b>201 Alhambra Circle</b> Suite, Apt. #, etc. <b>Ste 502</b> City & State <b>Coral Gables, FL</b> Zip <b>33134</b>	
4. FEI Number <b>26-0071306</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired: <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		03022005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>ARVESU, MANUEL M</b> <b>201 ALHAMBRA CIR STE 502</b> <b>CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> NAME <b>ARVESU, MANUEL</b> STREET ADDRESS <b>201 ALHAMBRA CIRCLE, #502</b> CITY-ST-ZIP <b>CORAL GABLES, FL 33134</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>PSD</b> NAME <b>MARK HUTNER</b> STREET ADDRESS <b>201 Alhambra Circle, Ste 502</b> CITY-ST-ZIP <b>Coral Gables, FL 33134</b>	<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
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
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
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
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <b>3/2/05</b> Daytime Phone #: <b>305-442-2558</b>	