

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000041053	
1. Entity Name NEW WORLD CONTRACTORS, INC.	

Principal Place of Business 675 PINE CONE LANE NAPLES, FL 34104	Mailing Address 675 PINE CONE LANE NAPLES, FL 34104
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DO NOT WRITE IN THIS SPACE



02232006 No Chg-P CR2E034 (11/05)

4. FEE Number 27-0083069	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENRIQUEZ, REINALDO J 675 PINE CONE LANE NAPLES, FL 34104

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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 <u>Reinaldo J Henriquez</u>	<u>Reinaldo J Henriquez</u>	<u>2-23-06</u>
Signature, typed or printed name of registered agent and file if applicable.	(NOTE: Registered Agent signature required when reconstituting)	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000450521 03/10/06-80010-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENRIQUEZ, REINALDO J 675 PINE CONE LANE NAPLES, FL 34101
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 807, 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: <u>Reinaldo J Henriquez</u>	<u>Reinaldo J Henriquez</u>	<u>2-23-06</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #