DOCUMENT # P04000098764       05-05-         1. Entity Name         NEWTECH SALES AND SERVICES, CORP.         Introduction of the point of	FILED )5, 2008 8:00 an etary of State
1132 CALA LUY COVE       1132 CALA LUY COVE         VEST PALM BEACH, FL 33415       US         2 Principal Place of Business - No P.O. Box #       3. Mailing Address         2 Diruct Address of Business - No P.O. Box #       3. Mailing Address         2 Diruct Address of Business - No P.O. Box #       3. Mailing Address         2 Diruct Address of Business - No P.O. Box #       3. Mailing Address         2 Diruct Address of Business - No P.O. Box #       3. Mailing Address         2 Diruct Address of Current Registered Agent       4. FEI Number 20-1314744         2 Diruct Address of Current Registered Agent       7. Name and Address of Current Registered Agent         3 Durut Y Cove       Street Address (P.O. Box Number is Not Acc         WEST PALM BEACH, FL 33415       Street Address (P.O. Box Number is Not Acc         City S       Street Address (P.O. Box Number is Not Acc         City Cove       Street Address (P.O. Box Number is Not Acc         City Cove       Street Address (P.O. Box Number is Not Acc         City Cove       Street Address (P.O. Box Number is Not Acc         City Cove       Street Address (P.O. Box Number is Not Acc         City Cove       Street Address (P.O. Box Number is Not Acc         City Cove       Street Address (P.O. Box Number is Not Acc         City Cove       Street Address (P.O. Box Number is Not Acc	2008 90260 048 ***150.00
2. Principal Place of Business - Ko, P.O. Box # 3. Mailing Address 4. FEI Number 20-1314744 4. 5. Certificate of Status De 3. Mare and Address of Current Registered Agent 7. Name and Address 4. FEI Number 3. Mailing Address 4. FEI Number 20-1314744 5. Certificate of Status De 3. Mare Address (P.O. Box Number is Not Acc City 4. Street Address (P.O. Box Number is Not Acc City 4. The above named.eff(i) submits this statement for the purpose of changing its registered agent, or both, in the Status 6. The above named.eff(i) submits this statement for the purpose of changing its registered Agent up alue regated agent, or both, in the Status 6. The above named.eff(i) submits this statement for the purpose of changing financing 7. Name and Address 6. Cover agent	
Jacks follow Seach F I       U4302008       Crig P         City & State       City & State       4. FEI Number         Zip       Country       S. Certificate of Status De         3 3 4 1 5       Country       S. Certificate of Status De         - 6: Name and Address of Current Registered Agent       7. F. Name and Address of Current Registered Agent         - 6: Name and Address of Current Registered Agent       Name         AUGUSTIN, CARLINE       Street Address (P.O. Box Number is Not Account the burpose of changing its registered agent, or both, in the Status De         - 7: Name and Address (P.O. Box Number is Not Account the obligations of registered agent, or both, in the Status De         Sign An UP Demotistative of inglenet agert and the flagshame       (HOTE Regareed Agent sequence agent on both, in the Status De         Sign An UP Demotistative of inglenet agert and the flagshame       (HOTE Regareed Agent sequence agent, or both, in the Status De         Sign Anture       State State       (HOTE Regareed Agent sequence agent, or both, in the Status De         File NOWILL FEE IS \$150.00       P. Election Campaign Financing       \$5.0.00 May Be         Audot UV COVE       Street Address       Added to Fees         AUGUSTIN, CARLINE       Intel       Nume       Added to Fees         Augusting Construction       OFFICERS AND DIRECTORS       11. ADDITIONS/CHANGEST         Inte <td></td>	
Zip       Zip       Country       5. Certificate of Status De         3.3 4 LS       Form Beach       Zip       Country       5. Certificate of Status De         6. Name and Address of Current Registered Agent       Name       Name       Name         AUGUSTIN, CARLINE       Street Address (P.O. Box Number is Not Accountry       Street Address (P.O. Box Number is Not Accountry         A. The above named Antify symmets this statement for the purpose of changing its registered agent, or both, in the Status De       (NOTE Registered agent, or both, in the Status De         SIGNATURE       FILE NOWITH FEE IS \$150.00       9. Election Campaign Financing       \$5.00 May Be         After May 1, 2008 Fee will be \$550.00       9. Election Campaign Financing       \$6.00 May Be         AuguSTIN, CARLINE       Inte       Name       Added to Fees         Inte ave       1132 CALA LILY COVE       Inte       Name         VP       Constant, Ral-PH       Delete       Inte         Inte ave       VP       Constant, Ral-PH       Delete       Inte         Inte Address       VP       Constant, Ral-PH       Delete       Inte         Inte ave       VP       Constant, Ral-PH       Delete       Inte         Inte Address       VP       Constant, Ral-PH       Delete       Inte <tr< td=""><td>CR2E034 (12/06)</td></tr<>	CR2E034 (12/06)
AUGUSTIN, CARLINE I132 CALA LILY COVE WEST PALM BEACH, FL 33415     Street Address (P.O. Box Number is Not Acc City       3. The above named faily symmits this statement for the purpose of changing its registered agent, or both, in the Statheet digations of/registered agent.     City       3. The above named faily symmits this statement for the purpose of changing its registered agent, or both, in the Statheet digations of/registered agent.     (MOTE: Registered Agent strategy sture inquired when remaining)       3. The above named faily symmits this statement for the purpose of changing its registered agent, or both, in the Statheet digations of/registered agent.     (MOTE: Registered Agent strategy sture inquired when remaining)       3. SIGNATURE     Street Address (P.O. Box Number is Not Acc City     .       Attor May 1, 2008 Fee will be \$550.00     9. Election Campaign Financing Trust Fund Contribution.     \$5.00 May Be Added to Fees       10.     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES T       11.     AUGUSTIN, CARLINE     ITLE NAME     ITLE       11.2     CALULY COVE     Street Address     CITY-S1-2/P       11.2     CONSTANT, RALPH     IDelete     ITLE       11.4     Delete     ITLE     NAME       11.2     CONSTANT, RALPH	Fee Required
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Inter obligations of registered agent.   SIGNATURE   Signame of registered agent.   (NOTE: Registered Agent signature required when reinstating)   Signame of registered agent.   (NOTE: Registered Agent signature required when reinstating)   Signame of registered agent.   (NOTE: Registered Agent signature required when reinstating)   Signame of registered agent.   (NOTE: Registered Agent signature required when reinstating)   After May 1, 2008 Fee will be \$550.00   9. Election Campaign Financing   \$5.00 May Be   Added to Fees   III.   ADDITIONS/CHANGES 11.   ADDITION	FL Zip Code
After May 1; 2008 Fee will be \$50.00       Trust Fund Contribution.       Added to Fees         0.       OFFICERS AND DIRECTORS       11.       Added to Fees         1LE       P       ITLE       Delete       ITLE         AMME       AUGUSTIN, CARLINE       ITLE       NAME         ITV-ST-2IP       WEST PALM BEACH, FL 33415       ITLE       NAME         ITV-ST-2IP       WEST PALM BEACH, FL 33415       ITTLE       NAME         ITV-ST-2IP       CONSTANT, RALPH       Intle       NAME         ITST-21P       WEST PALM BEACH, FL 33415       ITTLE         ITV-ST-2IP       WEST PALM BEACH, FL 33415       ITTLE         ITV-ST-2IP       WEST PALM BEACH, FL 33415       ITTLE         ITUE       Delete       ITTLE         ITTUE       Delete       ITTLE         ITTUE       Delete       ITTLE         ITTUE       Intle       NAME         ITTUE <t< td=""><td></td></t<>	
IILE       P       IIILE         AME       AUGUSTIN, CARLINE       IIILE         ITEET ADDRESS       1132 CALA LILY COVE       SIREET ADDRESS         ITY-ST-ZIP       WEST PALM BEACH, FL 33415       CITY-ST-ZIP         ILE       VP       IDelete       IIILE         AME       CONSTANT, RALPH       IDelete       NAME         ITREET ADDRESS       I132 CALA LILY COVE       STREET ADDRESS       CITY-ST-ZIP         ITREET ADDRESS       I132 CALA LILY COVE       STREET ADDRESS       CITY-ST-ZIP         ITREET ADDRESS       I132 CALA LILY COVE       STREET ADDRESS       CITY-ST-ZIP         ITREET ADDRESS       IITY-ST-ZIP       WEST PALM BEACH, FL 33415       CITY-ST-ZIP         ITLE       ITTLE       Delete       IITLE         AME       INFERT ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP         ITLE       ITTLE       IDelete       IITLE         NAME       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP         ITLE       IDelete       IITLE       NAME       STREET ADDRESS         ITY-ST-ZIP       IDelete       IITLE       NAME       STREET ADDRESS       CITY-ST-ZIP         ITLE       IDELET ADDRESS       STREET ADDRESS       STREET ADD	~
ILE     VP     Delete     TITLE       MME     CONSTANT, RALPH     NAME     SIREL ADDRESS       1132_CALA_LILY_COVE     SIREL ADDRESS     SIREL ADDRESS       IY-SI-ZIP     WEST PALM BEACH, FL 33415     CITY-SI-ZIP       ILE     IIILE     NAME       IRLET ADDRESS     SIREL ADDRESS       IY-SI-ZIP     Delete       IIILE     NAME       IRLET ADDRESS     CITY-SI-ZIP	O OFFICERS AND DIRECTORS IN 11
ILLE INAME REET ADDRESS CITY-ST-ZIP ILLE INAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Sta indicated on this report or Sopplemental report is true and accurate and that my signature shall have the same legal effect as if made of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that n changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	ules. I further certify that the information under oath: that I am an officer or director y name appears in Block 10 or Block 11 if