2005

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2005 8:00 am Secretary of State

DOCUMENT # P04000141123 1. Entity Name						04-25-2005 90308 025 ***150.00		
NEW PROSPECT CO								
DO N	OT WRIT	E IN THIS	SPA	CE		P 0 -		
2. Principal Place of Business 10188 NW 33RD STREET		3. Mailing Address 10188 NW 33RD STREET			50043785			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL.			4. FEI Number 81-0657203		Applied For Not Applicable	
Zip 33065	' '		Country USA		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
	45.5	•			ne and Addre	ss of Current Regis	tered Agent	
agranor scorrer and section is the section of the s			المحمد Name JAY EIDEL					
·	N TON OC	/RITE			ress (P.O. Box Number is Not Acceptable)			
	N THIS SI		•	10188 NW 33	RD STREET		· · · · · · · · · · · · · · · · · · ·	
	14 11113 31	ACL						
				City			Zip Code	
				CORÁL SPRI		FL	33065	
		statement for the purp d accept the obligation			stered office or	registered agent, or	both, in the	
SIGNATURE		•						
Signat		of registered agent and title	if applicable	e. (NOTE: Regis	tered Agent signatu	re required when reinstatir	ng) DATE	
	- May 1 Fee is \$150				9 Floation C	mnoian Einanoina	¢s 00 May Ro	
	ay 1, Fee is \$550.0 ded UBR is \$61.25				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
Make Check Payabl								
10.	OFFICERS	AND DIRECTORS	11.				·	
TITLE	JAY EIDELMAN			TLE AME				
NAME STREET ADDRESS	10188 NW 33RD S	STREET		REET ADDRES	s			
CITY-ST-ZIP	CORAL SPRINGS			TY-ST-ZIP				
TITLE				TLE				
NAME			1	AME	_	-		
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NAME.			. N	AME		بمنتشد ا	ماللفت المنافعة	
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CITY-ST-ZIP TITLE				<u>TY-ST-ZIP</u> TLE				
NAME				AME		N THIS SI	ACE	
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CITY-ST-ZIP				TY-ST-ZIP				
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CITY-ST-ZIP				TY-ST-ZIP	-			
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NAME	4			AME				
STREETADDRESS ^{SH} (中中)。			A CI	STREET ADDRESS CITY-ST-ZIP ************************************			N , TE	
	the information supplie	ed with this filing does no			stated in Section	119.07(3)(i), Florida S	tatutes. I further	
certify that the infor	mation indicated on thi	s report or supplemental	report is t	rue and accurate	and that my sig	nature shall have the sa	ame 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 on an attachment with an address, with all other like empowered.