

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90020 049 ***150.00

DOCUMENT # P94000046505

1. Entity Name

NEW SUCCESS, INC.



Principal Place of Business

**1852 N.W. 20TH STREET
MIAMI FL 33142**

Mailing Address

**1852 N.W. 20TH STREET
MIAMI FL 33142**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number **65-0502004**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ESQUENAZI, ISAAC
3899 NW 7TH STREET 203
MIAMI FL 33142**

7. Name and Address of New Registered Agent

Name - **ESQUENAZI, JOSE**

Street Address (P.O. Box Number is Not Acceptable)

1852 NW 20th St

City **MIAMI**

FL

Zip Code **33142**

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

[Signature] **PRES.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State.

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☒ Delete
NAME **ESQUENAZI, ISAAC**
STREET ADDRESS **1852 NW 20TH ST**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Change ☒ Addition
NAME **ESQUENAZI, JOSE**
STREET ADDRESS **1852 NW 20th Street**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **S** ☐ Change ☒ Addition
NAME **ESQUENAZI, REBECA**
STREET ADDRESS **1852 NW 20th Street**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]* **(JOSE ESQUENAZI) 4/13/05 (305) 324-5111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #