
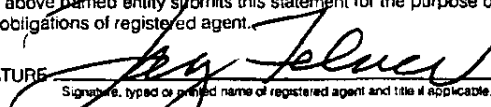
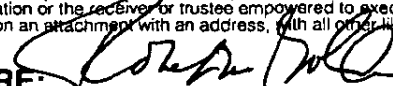


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90018 048 \*\*\*150.00

<b>DOCUMENT # P95000020078</b> 1. Entity Name <b>NEW CENTURY INVESTOR SERVICES, INC.</b>						
Principal Place of Business <b>C/O 4182 LIVE OAK BLVD. DELRAY BEACH FL 33445</b>			Mailing Address <b>C/O 600 CENTRAL AVE. SUITE 365 HIGHLAND PARK IL 60035</b>			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		4. FEI Number <b>65-0575689</b>		
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>				
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. TALLAHASSEE FL 32301</b>				7. Name and Address of New Registered Agent Name <b>Jay Felner</b> Street Address (P.O. Box Number is Not Acceptable) <b>4182 Live Oak Boulevard</b> City <b>Delray Beach</b> <b>FL</b> Zip Code <b>33445</b>		
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 				<b>Jay Felner</b> <b>3/22/2004</b> <small>(NOTE: Registered Agent signature required when resigning)</small>		
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>SCHWARTZBERG, ALBERT</b> <del>50 MAIN STREET 4TH FLOOR SUITE 435</del> <del>WHITE PLAINS NY 10606</del>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <b>44 South Broadway, Suite 614</b> <b>10601</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input type="checkbox"/> Delete <b>GOLDMAN, ROBERT U</b> <b>600 CENTRAL AVENUE, SUITE 365</b> <b>HIGHLAND PARK IL 60035</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <input type="checkbox"/> Delete <b>WAGNER, NATHAN</b> <b>600 CENTRAL AVENUE, SUITE 365</b> <b>HIGHLAND PARK IL 60035</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete <b>FELNER, JAY</b> <b>4182 LIVE OAK BLVD.</b> <b>DELRAY BCH FL 33445</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
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"/> Add	
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"/> Add	
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 changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: 				<b>Robert U. Goldman</b> <b>3/22/2004</b> <b>(847) 432-366</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		