


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-25-2005 90211 036 \*\*\*150.00

<b>DOCUMENT # P95000081705</b> 1. Entity Name <b>NEWLOOK ENTERPRISES, INC.</b>																											
Principal Place of Business <b>9075 TAFT ST. PEMBROKE PINES FL 33024 US</b>		Mailing Address <b>9075 TAFT ST. PEMBROKE PINES FL 33024 US</b>																									
2. Principal Place of Business <b>1351-61 N PALM AVE,</b>		3. Mailing Address <b>1351-61 N PALM AVE,</b>																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State <b>PEMBROKE PINES,</b>		City & State <b>PEMBROKE PINES,</b>																									
Zip <b>33026</b>		Zip <b>33026</b>																									
Country <b>USA</b>		Country <b>USA</b>																									
6. Name and Address of Current Registered Agent  <b>AKHTAR, FARAH N 9075 TAFT ST PEMBROKE PINES FL 33024</b>		7. Name and Address of New Registered Agent Name <b>FARAH N. AKHTAR,</b> Street Address (P.O. Box Number is Not Acceptable) <b>1351-61 N PALM AVE,</b> City <b>PEMBROKE PINES</b> FL Zip Code <b>33026</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>Farah Akhtar</b> <b>FARAH N. AKHTAR, PRESIDENT</b> <b>4/18/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>AKHTAR, FARAH NAZ</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9075 TAFT ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES FL 33024</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	AKHTAR, FARAH NAZ		STREET ADDRESS	9075 TAFT ST		CITY-ST-ZIP	PEMBROKE PINES FL 33024		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1351-61 N PALM AVE,</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>PEMBROKE PINES, FL 33026</b></td> </tr> </table>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS	<b>1351-61 N PALM AVE,</b>	CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33026</b>				
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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: **Farah Akhtar** **FARAH N. AKHTAR,** **4/18/05** **(205) 364-2860**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #