

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000024080	
1. Entity Name NEW DAWN SOUTH, INC.	

Principal Place of Business 2601 S. BAYSHORE DRIVE SUITE 200 COCONUT GROVE, FL 33133	Mailing Address 2601 S. BAYSHORE DRIVE SUITE 200 COCONUT GROVE, FL 33133
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DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0753611	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KAPLAN, JACK 2601 S. BAYSHORE DRIVE SUITE 200 COCONUT GROVE, FL 33133	
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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: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KAPLAN, JACK 2601 S. BAYSHORE DRIVE, STE 200 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS AVILA, EDUARDO 2601 S. BAYSHORE DRIVE, STE 200 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KAPLAN, SHIRLEY 2601 S. BAYSHORE DRIVE, SUITE 200 COCONUT GROVE, FL 33133
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05/13/05-80001-012 150.00

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: <u>Jack Kaplan</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-17-05	305-851-0900
	Date	Daytime Phone #