2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000051731

13252 NW 1ST LANE

MIAMI, FL 33182

Address:

City-St-Zip:

FILED Jan 19, 2005 Secretary of State

Entity Nar	ne: NEW	FINANCE INC.						
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
8420 W FLAGLER ST SUITE 224 MIAMI, FL 33144					8420 W FLAGLER ST SUITE 224 MIAMI, FL 33144 US			
Current Mailing Address:				New Mailir	New Mailing Address:			
8420 W FLAGLER ST SUITE 224 MIAMI, FL 33144					8420 W FLAGLER ST SUITE 224 MIAMI, FL 33144 US			
FEI Number:	65-0764174	FEI Number A	oplied For () F	El Number Not Appli	cable ()	Certificate of Status Desire	∍d ()	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
GONZALEZ, RAMON 7235 CORAL WAY, SUITE 202 MIAMI, FL 33155 US				8420 W FL	GONZALEZ, RAMON 8420 W FLAGLER ST SUITE 224 MIAMI, FL 33144 US			
The above in the State			tement for the purp	ose of changing it	s registe	red office or registered agent,	or both,	
SIGNATURE:					01/19/2005			
	Elec	tronic Signature of	Registered Agent			Date		
Election Can	npaign Finai	ncing Trust Fund Con	tribution ().					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P GONZALE: 13252 NW MIAMI, FL	1ST LANE		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:		() Delete Z, LISETTE 1ST LANE 33182		Title: Name: Address: City-St-Zip:		(X) Change () Addition EZ, LISETTE V 1ST LANE . 33182		
Title: Name:	VPT VENEGAS	() Delete , XIOMARA		Title: Name:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RAMON GONZALEZ Ρ 01/19/2005